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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90102 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000091676**

1. Corporation Name
B.D.W. CONSTRUCTION CONSULTING CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3047 BISHOP ESTATES ROAD
 JACKSONVILLE FL 32259**

Mailing Address
**3047 BISHOP ESTATES ROAD
 JACKSONVILLE FL 32259**

3. Date Incorporated or Qualified

11/04/1996

2. Principal Place of Business

2a. Mailing Address

21 **2150 EVENTIDE ROAD**

26 **2150 EVENTIDE RD.**

4. FEI Number

59-3421690

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

JACKSONVILLE, FL

28 City & State

JACKSONVILLE, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **32259** 25 Country **U.S.A.**

29 Zip **32259** 30 Country **U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**WATERS, WAYNE E
 3047 BISHOP ESTATES ROAD
 JACKSONVILLE FL 32259**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2150 EVENTIDE ROAD

83

84 City

JACKSONVILLE

FL

85 Zip Code

32259

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Wayne E Waters*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **P WATERS, WAYNE E**
 STREET ADDRESS **3047 BISHOP ESTATES RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE
 NAME **S WATERS, PAULA**
 STREET ADDRESS **3047 BISHOP ESTATES RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **P WATER, WAYNE E.**
 1.3 STREET ADDRESS **2150 EVENTIDE ROAD**
 1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

2.1 TITLE Change Addition
 2.2 NAME **S WATERS, PAULA**
 2.3 STREET ADDRESS **2150 EVENTIDE ROAD**
 2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne E Waters* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 **904-268-4419**
 Date Daytime Phone #

CR2E034 (11/98)