


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065514 (6)
1. Corporation Name
ENGINEERING SOLUTIONS & ANALYSIS GROUP, INC.



Principal Place of Business 9017 LATIMER ROAD EAST JACKSONVILLE FL 32257	Mailing Address 9017 LATIMER ROAD EAST JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3461138	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCLURE, DEBORAH E 722 FRUIT COVE LN JACKSONVILLE FL 32259				10. Name and Address of New Registered Agent	
				81 Name John L. Yadon	
				82 Street Address (P.O. Box Number is Not Acceptable) 9017 Latimer Road East	
				83	
				84 City Jacksonville	85 Zip Code 32257

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 *John L. Yadon* 11 Jan 98
Signature, typed or printed name of registrant, agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLURE, STEPHEN P			1.2 NAME	McClure, Stephen P		
STREET ADDRESS	722 FRUIT COVE LANE			1.3 STREET ADDRESS	Same		
CITY-ST-ZIP	JACKSONVILLE FL 32259			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLURE, DEBORAH E			2.2 NAME			
STREET ADDRESS	722 FRUIT COVE LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32259			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YADON, JOHN L			3.2 NAME	YADON, JOHN L.		
STREET ADDRESS	9017 LATIMER ROAD EAST			3.3 STREET ADDRESS	Same		
CITY-ST-ZIP	JACKSONVILLE FL 32257			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YADON, ELIZABETH W			4.2 NAME			
STREET ADDRESS	9017 LATIMER ROAD EAST			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKINS, JARVIS B			5.2 NAME			
STREET ADDRESS	664 RHODEN COVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Stricklin, David M.		
STREET ADDRESS				6.3 STREET ADDRESS	1736 Mossy Cypress Lane		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Jacksonville, FL 32223		

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.

SIGNATURE *John L. Yadon* 11 Jan 98 904-636-8855

CR2E034 (10/97)