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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082378

1. Corporation Name

STATEWIDE ENGINEERING AND CONTRACTING, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90031 028 ***150.00



Suite, Apt. #, etc. Suite, Ap						[0] 0] 10 10 10 10 10 10 10 10	
LAKE WALES FL 39859	Principal Place of Business Mailing Address						
2. Finicipal Place of Business 2. Maining Address 3. Date Incorporated or Chairies 3. Date Incorporated or Spalls Francing 3. Date Incorporated or Chairies 3. Date Incorporated or Chairies 3. Date Incorporated or Spalls Preserved 3. Street Address of Chairies 3. Date Incorporated or Spalls Preserved 3. Date Incorporated Organic Spalls Preserved 3. Date Incorporated Organic Spalls Preserved 3. Date Incorporated Organic Spalls Preserved 3. Date Incorporated	*** ***********************************						
3. Date Incorporated or Qualified .09/22/Inspect .0	LAKE WALES FL 33853 LAKE WALES FL 33853			853		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business							
Sulle, Apt. etc. Status besided \$8.75 Addition Fee Required Fee Required \$5.00 May B Added to Personal Province of Campaign Financing \$5.00 May B Added to Personal Province Address of New Registered Agent \$5.00 May B Added to Personal Province Address of New Registered Agent \$5.00 May B Added to Personal Province Address of New Registered Agent \$5.00 May B Added to Personal Province Address of New Registered Agent \$5.00 May B Added to Personal Province Address of New Registered Agent \$5.00 May B Added to Personal Province Agent \$5.00 May B Added to Personal Province Agent \$5.00 May B			_			. 09/22/1997	
Sulle, Apt. #, etc. Sulle, Apt. #, etc.	Principal Place of Business 2e		2a. Mailing Address	- Mailing Address			
City & State	21		26				
City & State	Suite, Apt. #, etc. Suite,		Suite, Apt. #, et	ite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
23	22	27				Fee Required	
28	City & State	City & State City & State				, , , , , , , , , , , , , , , , , , , ,	
28 29 30 Personal Property Tax Yes No					Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent CALIGUIRE, JODY 331 SOUTH FIRST ST. LAKE WALES FL 33853 44 City FL 85 Zip Code 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 egister of provision stope of 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 TIME 13. TIME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ACCRESS 13. SPECIAL STREET ACCRESS 13. SPECIAL STREET ACCRESS 13. SPECIAL STREET ACCRESS 13. SPECIAL STREET ACCRESS 13. STREET ACCRESS 14. STREET ACCRESS 15. STR	Zip	Country	Zip				
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331 SOUTH FIRST ST. LAKE WALES FL 33853 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SUBJECT OFFICERS AND DIRECTORS IN ITTLE V OFFICERS AND DIRECTORS IN ITTLE V SILAS, BILLY	CALL	CHIRE JODY			Name		
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Composition of the printed name of registered algorith and libit if approximately (NOTE: Registered Appents signature required when indicating) DATE		•	-				
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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 a attachment with an address, with all other like empowered.

SIGNATURE:

941-676-3633