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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P98000020033

EWING CONSTRUCTION RELATED SERVICES, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90191 020 ***150.00



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170 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411 170 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411			411			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/03/1998] '
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number		pplied For	:
21		26	<u> </u>			65-08/77/3		ot Applicable	- }
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee R	Additional equired	
City & State)	City & State	City & State			6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	-
Zip	Country	— · ·	Zip Cour						
24	25	<u> </u>	30			Personal Property Tax.	Yes	□No	-
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent		1 ;
	IO IAMES T			81	Name	<u></u>]
	IG, JAMES T BUSINESS PARKWAY		82 Street Add			ress (P.O. Box Number is Not Acceptable)			
	AL PALM BEACH FL 33411			83					1 !
}				84	City		85 Zip	Code	łi
ĺ					•	<u>FL</u>	.		} ′
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	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Agent	signature require	ed when reinstating) DATE			[]
12.	OFFICERS AND	,	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	ξó
TITLE	D	☐ DELETE	1.1 TITL				☐ Change	Addition	1 =
NAME I	EWING, JAMES T			1.2 NAME					2
STREET ADDRESS	170 BUSINESS PARKWAY			1.3 STREET ADDRESS					Į Č
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			1.4 CITY-ST-ZIP					၂ ်
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NAME	EWING, CARLA H		2.2 NAME						
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CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			2. 4 CITY-ST-ZIP					1
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NAME			5.2 N	AME					1 !
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TITLE	1.74	☐ DELETE	6.1 TITLE				Change	☐ Addition	Į į
NAME .	•		6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	TY-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: