


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90011 036 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>													
<b>DOCUMENT # P98000021682</b> ✓ 1. Corporation Name <b>EARTHWORK CALCULATIONS AND CONSULTING, INC.</b>																	
Principal Place of Business 13126 HICKS ROAD HUDSON FL 34669			Mailing Address 13126 HICKS ROAD HUDSON FL 34669														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>03/06/1998</b> 4. FEI Number <b>59-34904600</b>													
24		25		29													
9. Name and Address of Current Registered Agent <b>LAUSBERG, AUGUST F</b> <b>13126 HICKS ROAD</b> <b>HUDSON FL 34669</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LAUSBERG, AUGUST F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13126 HICKS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HUDSON FL 34669</td> <td></td> </tr> </table>						TITLE	P	<input type="checkbox"/> DELETE	NAME	LAUSBERG, AUGUST F		STREET ADDRESS	13126 HICKS ROAD		CITY-ST-ZIP	HUDSON FL 34669	
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CITY-ST-ZIP	HUDSON FL 34669																
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP					
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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: <b>SIGNATURE</b> <i>August F. Lausberg</i> 7/12/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																	

CR2034 (5/99)