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Sep 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S06226 (2)  
1. Corporation Name  
EWCON CORP./EWING CONSOLIDATED CORPORATION



Principal Place of Business  
20200 RIVER BLVD  
MONTE RIO CA 95462  
US

Mailing Address  
20200 RIVER BLVD  
MONTE RIO CA 95462-9709  
US

3. Date Incorporated or Qualified  
10/11/1990

3a. Date of Last Report  
08/22/1996

2. Principal Place of Business  
21 1259 Bayshore Road  
Suite, Apt. #, etc.  
22  
City & State  
23 Gulf Breeze, FL  
Zip  
24 32561  
Country  
25 US

2a. Mailing Address  
26 P.O. Box 11339  
Suite, Apt. #, etc.  
27  
City & State  
28 Santa Rosa, CA  
Zip  
29 95406-1339  
Country  
30 US

4. FEI Number  
59-2732581

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
EWING, RAYMOND M  
1259 BAYSHORE ROAD  
GULF BREEZE FL 3

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	EWING, MICHAEL R.	
STREET ADDRESS	1259 BAYSHORE RD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	EWING, MICHAEL R.	
STREET ADDRESS	1259 BAYSHORE RD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EWING, NORMA H.	
STREET ADDRESS	1259 BAYSHORE RD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	SHIRILAU, MARK S	
STREET ADDRESS	20200 RIVER BLVD	
CITY-ST-ZIP	MONTE RIO CA	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SHIRILAU, MARK S	
STREET ADDRESS	20200 RIVER BOULEVARD	
CITY-ST-ZIP	MONTE RIO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINYON, WILLIAM G.	
STREET ADDRESS	3655 FELDA STREET	
CITY-ST-ZIP	COCOA BEACH FL 42	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Shirilau, MARK S.
4.3 STREET ADDRESS	20200 River Blvd,
4.4 CITY-ST-ZIP	Monte Rio, CA 95462-9709
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SVD Clay Ewing
5.3 STREET ADDRESS	1259 Bayshore Rd
5.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D PINYON, William G.
6.3 STREET ADDRESS	414 Highpoint Drive
6.4 CITY-ST-ZIP	Cocoa, FL 32926

14. I do 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. (707)

SIGNATURE: [Signature] (707)

CR2E034 (9/96)