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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S51074

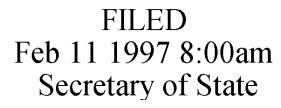
(0)

WILLIAM E. PAXTON, P.E., CONSULTING ENGINEER, IN

Principal Place of Business Mailing Address

Maining Address

8304 ARCHWOOD CIRCLE TAMPA FL 33615 8304 ARCHWOOD CIRCLE TAMPA FL 33615-4931 HS





TAMPA FL 33615		IAMPA FL 33615-4831 US							
		••				3. Date Incorporated or Qualified 05/06/1991		te of Last 0/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26	26			59-3067480			Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be 1 to Fees
Ζip	Country	Zip	Cou	intry		8. This corporation has liability for it	ntangible		
24	25	29	30				Yes [
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Reg	istered /	gent	
PAX	ton, william e.			81	Name				
	ARCHWOOD CIRCLE			82	Stroot Ado	dress (P.O. Box Number is Not Acceptab	ام		
SUIT	ΈA	,		83	Street Auc	aress (F.O. Box Nortiber is Not Acceptab			
IAM	PA FL 33615			84	Cit.			P 7:-	Codo
				04	City		FL	85 Zir	o Code
agent. f as SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Sta	tutes	3 ,	ation's board of directors. I hereby accep	**************************************	ointment a	s registered
	Signature, typied or printed harnold logistered ager OFFICERS AND		(NOTE: Registere	d Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIPECTO	ADC IN 12
12.	DPS OF FIGURES AND	DELETE	13. 11 T	TI E		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	
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NAME	8304 ARCHWOOD CIRCLE								
STREET ADDRESS	TAMPA FL				ADDRESS				
CITY-ST-ZIP TITLE	T	DELETE	1.4 C 2.1 T		T-ZIP		· · · · · ·	Change	Addition
NAME	PAXTON, WILLIAM E.		2.2 N						tan Manual
STREET ADDRESS	8304 ARCHWOOD CIRCLE		1		ADDRESS				
CITY-ST-ZIP	TAMPA FL				ST-ZIP				
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NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
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TITLE		DELETE	4.1 T				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TAEET	ADDRESS	• •			
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NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
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TITLE		DELETE	6.17	TLE				Change	Addition
NAME			6.2 N	AME	1				
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CITY-ST-ZIP			640	ITY-S	ST - ZIP				
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4. 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 supplierional 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:

Wolf US AQUIRED

2-4-97

Date

(813) 882-9058