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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

(4)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68174

8174

EJW SERVICES, INC.

## FILED Feb 03 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 2303 CANCE CREEK LN 2303 CANOE CREEK LN FT PIERCE FL 34988 FT PIERCE FL 34968 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0367144 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Žip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WALKER-BURNS, ELIZABETH J. 2303 CANOE CREEK LN 82 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34988 83 City Zip Code 85 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE WALKER-BURNS, ELIZABETH 12 NAME NAME 2303 CANOE CREEK LN 1.3 STREET ADDRESS STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition TITLE 6.1 TITLE 5.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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 an attachment with an address. ELITABETH WALER-BORNS

SIGNATURE:

1-27-98 561-468-9711