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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90040 025 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000045455

1. Corporation Name
E.A. CONTRACTING, INC.

Principal Place of Business: 9365 CRESTVIEW STREET SEMINOLE FL 33722
 Mailing Address: 9365 CRESTVIEW STREET SEMINOLE FL 33722



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1998

21	2. Principal Place of Business 14605 49TH ST. N.	26	2a. Mailing Address	4. FEI Number 59-3515183	Applied For Not Applicable
22	Suite, Apt. #, etc. SUITE # 27	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State CLEARWATER FL.	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33762	25	Country PINELLAS	29	30
8. This corporation owes the current year Intangible Personal Property Tax.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FISHMAN, STEVEN M ESQ 3135 STATE ROAD 580 SAFETY HARBOR FL 34695				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/V/T/S/D/C/M/TV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMAS, EDWARD A	1.2 NAME	ARMAS EDWARD A
STREET ADDRESS	9365 CRESTVIEW STREET	1.3 STREET ADDRESS	9365 CRESTVIEW ST.
CITY-ST-ZIP	SEMINOLE FL 33722	1.4 CITY-ST-ZIP	SEMINOLE FL. 33722
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Edward A. Armas **EDWARD A. ARMAS** 1/25/99 (727) 523-9443

CR2E034 (1/198)