Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90148 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 817607

1. Corporation Name

COLUMBIA ENGINEERING AND SERVICES, INC.								
Principal P ace of Business Mailing Address						, 5,5,1 5,-1, 4,-1,	1511 41211 1227	
4405 INTERNATIONAL BLVD #B-101 4405 INTERNATIONAL BLVD #B-101								
NORCROSS G	iA 30093	NORCROSS GA 30093				DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualified	13 3FAOL	
						01/08/1964		
2 Dringing I	Place of Business	2a. Mailing Address	<u> </u>			4. FEI Number	Ap	lied For
_ ′	riace of pusitiess	26				58-0914630	ļ	t Applicable
21 Suite, Apl	t # etc	Suite, Apt. #, etc.					\$8.75 A	lditional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & Sta	ate	City & State				6, Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	•
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year	ntangible	
24	25	29	30			Persor al Property Tax.	Yes	No
	9. Name and Adcress of Curren	Registered Agent				10. Name and Address of New Registers	d Agent	
			8.	1 N	ame			
CT CORPORATION SYSTEM					reet Add	ress (P.O. Bo) Number is Not Acceptable)		
	00 S. PINE ISLAND FOAD		"	-				
Pl.A	ANTATION FL 33324		8:	3				
				4 6			. 85 Zip C	
			8-	4 Ci	ty	F	L	/ Jue
office of	registered agent, or both, in the State of arn familiar with, and accept the obligat =	of Florida. Such change was authors of, Section 607.0505, Florid	tnonzed b da Statute	y me	corporati	poration submis this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose in the purpose of when repostation.	ointment as rec	g stered
	Signature, typed or printed name of registered agen		13.	jent sign	ature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IES IN 12
12.	PD OFFICERS AN	II) DIRECTORS	1.1 TITLE			ADDITIONS/CHANGES TO OTTICE RO	Change	Addition
TITLE	SHILLINGTON, DONALD V.	C) DEEE 14	1.2 NAME				_ ,	_
NAME	· ·				5500			
STREET ADDRES	, –		1.3 STRE		1			
CITY-ST-ZIP	NORCROSS GA	□ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE	VO NO LOUIS DUD	D occess	2.1 HILE 2.2 NAME					
NAME	YOUNG, LOUIS D. JR.		1					
STREET ADDRES	1		2.3 STREET ADDRESS		- 1			
CITY-ST-ZIP	NORCROSS GA	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		`		Change	Addition
TITLE	TD VOLING DANITA	☐ nerele					go	
NAME	YOUNG, DANITA		3.2 NAME					
STREET ADDRES				3.3 STREET ADDRESS				
CITY-ST-ZIP	NORCROSS GA		4	3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE	S MARKETPACK PERCON	☐ DELETE	4.1 TITLE				□ ouguge	
NAME	MCPHERSON, PEGGY		4. 2 NAMI					
STREET ADDRES			4.3 STRE					
CITY-ST-ZIP	NORCROSS GA 30093		4.4 CITY-				Chang-	Addition
TITLE	Į.	☐ DELETE	5.1 TITLE		l		Change	☐ Worldon

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 agricular 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 recuired by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald V. Shillington 4/22/99

Addition