

FILE NOW: FILING FEE IS \$61.25

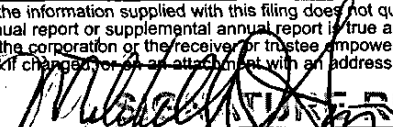
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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90051 011 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 854946					
1. Corporation Name ENTECH ENGINEERING, INC.					
Principal Place of Business 3401 W END AVE S610 NASHVILLE TN 37203 US			Mailing Address 3401 W END AVE S610 NASHVILLE TN 37203 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/13/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		62-0905471	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WALLER, ROLAND D. 301 WEST MAIN ST NEW PORT RICHEY FL 33552			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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE			1.1 TITLE ☒ Change ☐ Addition		
NAME PD SIMPSON, MITCHELL D			1.2 NAME SIMPSON, MITCHELL D.		
STREET ADDRESS 4341 OAKCREST LANE			1.3 STREET ADDRESS 1408 Shannon Place		
CITY-ST-ZIP HERMITAGE TN			1.4 CITY-ST-ZIP Old Hickory, TN 37138		
TITLE ☐ DELETE			2.1 TITLE ☐ Change ☒ Addition		
NAME SD JORDAN, WILLIAM E.			2.2 NAME THOMAS, WADE G.		
STREET ADDRESS 806 QUAIL VALLEY DR			2.3 STREET ADDRESS 6581 Sunnyside Court		
CITY-ST-ZIP BRENTWOOD TN			2.4 CITY-ST-ZIP Brentwood, TN 37027		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME VD BILLINGS, PAUL B.			3.2 NAME		
STREET ADDRESS 1113 TWIN SPRINGS DRIVE			3.3 STREET ADDRESS		
CITY-ST-ZIP BRENTWOOD TN			3.4 CITY-ST-ZIP		
TITLE ☒ DELETE			4.1 TITLE ☐ Change ☐ Addition		
NAME TD SIMPSON, MITCHELL D.			4.2 NAME		
STREET ADDRESS 4341 OAKCREST LANE			4.3 STREET ADDRESS		
CITY-ST-ZIP HERMITAGE TN			4.4 CITY-ST-ZIP		
TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address, with all other like empowered.

SIGNATURE:  **TIME REQUIRED** 4-6-99 615-383-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MITCHELL D. SIMPSON, PRESIDENT
Date _____ Daytime Phone # _____