

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 # H98236

1. Corporation Name

CONSUMER ENGINEERING, INC.

Principal Place of Business

1700 MAIN ST NE
PALM BAY FL 32905

Mailing Address

1700 MAIN ST NE
PALM BAY FL 32905

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90062 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1986

4. FEI Number

59-2623130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2730 Kirby Ave. NE

Suite, Apt. #, etc.

22 Unit 6

City & State

23 Palm Bay, FL 32905

Zip

Country

24

25

2a. Mailing Address

26 2730 Kirby Ave., NE

Suite, Apt. #, etc.

27 Unit 6

City & State

28 Palm Bay, FL 32905

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOLLAWAY, JERRELL P.
1330 MEADOWBROOK ROAD NORTHEAST
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
HOLLAWAY, JERRELL P.
1330 MEADOWBROOK RD NE
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS
HOLLAWAY, SHARON G.
1330 MEADOWBROOK RD NE
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
PARKER, CHARLOTTE A
791 MONTCLAIR RD NE
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SHARON HOLLAWAY V.P. 4/7/99 407 984-8550

0110329

CR2E034 (11/98)