

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61935 (7)

1. Corporation Name

FLORIDA TRANSPORTATION ENGINEERING, INC.



Principal Place of Business

Mailing Address

C/O JOHN B. MIZELL, ESO
201 W. MARION AVENUE, SUITE 301
PUNTA GORDA FL 33950

C/O JOHN B. MIZELL, ESO
201 W. MARION AVENUE, SUITE 301
PUNTA GORDA FL 33950

2. Principal Place of Business

21 FL TRANSPORTATION ENGINEERING, INC.
Suite, Apt. #, etc.

22 8250 PASCAL DR
City & State

23 PUNTA GORDA FL
Zip

24 33950 Country

2a. Mailing Address

26 FL TRANSPORTATION ENGINEERING, INC.
Suite, Apt. #, etc.

27 8250 PASCAL DR
City & State

28 PUNTA GORDA FL
Zip

29 33950 Country

3. Date Incorporated or Qualified
04/03/1990

3a. Date of Last Report
02/24/1995

4. FEI Number

65-0183924

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MIZELL, JOHN B ESO
201 W. MARION AVE
SUITE 301
PUNTA GORDA FL 33950

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 type for person named as registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP HALL, NANETTE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
8250 PASCAL DR #101
PUNTA GORDA FL

TITLE DS WOOD, CAROLYN ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
8250 PASCAL DR #101
PUNTA GORDA FL

TITLE DV HALL, WALLACE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
8250 PASCAL DR #101
PUNTA GORDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Carolyn Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 941-639-2818

Date

Daytime Phone #

CR2E034 (12/95)