

**NOTE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Candra R. Morthan**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000089650 (2)**

1. Corporation Name  
**BUILDING ENGINEERING AND CONSULTING, INCORPORATE  
D**



Principal Place of Business  
**1234 AIRPORT RD  
SUITE 103  
DESTIN FL 33641  
US**

Mailing Address  
**1234 AIRPORT RD  
SUITE 103  
DESTIN FL 32541-2824  
US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified **11/22/1995**

3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3363571**  
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. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JAMES E. FELL JR.  
1234 AIRPORT DR STE 103  
SUITE #205  
DESTIN FL 32541**

10. Name and Address of New Registered Agent  
81 Name **JAMES E. FELL, JR.**  
82 Street Address (P.O. Box Number is Not Acceptable) **15 COURTNEY LANE**  
83  
84 City **CRESTVIEW** FL 85 Zip Code **32539**

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 s. 607.0505, Florida Statutes.

SIGNATURE *James E. Fell, Jr.* **James E. Fell, Jr.** **4/7/97**  
Signature, typed or printed name of registered agent and tax filer (required) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FELL, JAMES E</b>	
STREET ADDRESS	<b>159 ELDREDGE RD APT #8</b>	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NAGEL, SEELYE C</b>	
STREET ADDRESS	<b>#14 APPLE JACK LANE</b>	
CITY-ST-ZIP	<b>TAYLORS SC 29687</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FELL, JAMES E JR</b>	
STREET ADDRESS	<b>#15 COURTNEY LANE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FELL, JAMES E. JR.</b>	
3.3 STREET ADDRESS	<b>15 COURTNEY LANE</b>	
3.4 CITY-ST-ZIP	<b>CRESTVIEW, FL. 32539</b>	
4.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FELL, MICHAEL F.</b>	
4.3 STREET ADDRESS	<b>955 AIRPORT RD. #813</b>	
4.4 CITY-ST-ZIP	<b>DESTIN, FL. 32541</b>	
5.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 *James E. Fell, Jr.* **James E. Fell, Jr.** **4/7/97** **24 (50) 7311**

CR2E034 (9/96)