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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000027627 1. Corporation Name

ERS ENGINEERING, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90006 049 ***150.00



Principal Place of Business Mailing Address							 		i litere sont sons
4509 ORTEGA FARMS CR JACKSONVILLE FL 32210		4509 ORTEGA FARMS CR JACKSONVILLE FL 32210							
BACKSONVILLE 1E SEETO		And the American				DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Quali 03/25/1998	íed		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For			
21		26				59-34974	14	No	ot Applicable
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.			5. Certifcate of Status Desired	± 🗆		Additional equired
City & State	e	City & State				6. Election Campaign Financi	ng 🗆	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country 25	Zíp 29	30 Co	untry		This corporation owes the Personal Property Tax.	current year l	Intangible Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of Ne	w Registere	d Agent	
				81 Name	1				
SCHULTZ, ERIC R				82 Street	Addres	s (P.O. Box Number is Not Acc	eptable)		
4509 ORTEGA FARMS CR JACKSONVILLE FL 32210									
JACP	SONVILLE PL 32210			83					
				84 City			F	85 Zip	Code
44 Dureuant	to the provisions of Sections 607.050	02 and 607 1508 Florida	Statutes, the	bove-named	d corpor	ation submits this statement for	the purpose of	of changing its	registered
office or re	egistered agent or both in the State	of Florida. Such change	was authorize	d by the corp	oration	s board of directors. I hereby a	cept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.05	US, FIORIOA SIA	wes.					-
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE, Registere	d Agent signature	required w	hen reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO	OFFICERS /	AND DIRECTO	ORS IN 12
TITLE		☐ OEL	ETE 1.11	TTLE	Pro	esident		Change	☐ Addition
NAME			1.21	IAME	E	esident Ric R Schultz Sog Ortega Fl Acksonwille, Fl		0	
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NAME		_		NAME				•	
STREET ADDRESS			6.3	STREET ADDRESS	s				}
JINCE I ADDRESS				CITY, ST. 7IP				,	1

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 bustee 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: