

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90063 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000054241

1. Corporation Name
MGL ENGINEERING, INC.

Principal Place of Business 5205 NORTH FRONTAGE ROAD LAKELAND FL 33810	Mailing Address POST OFFICE BOX 7701 LAKELAND FL 33807-7701
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1998	4. FEI Number 59-3519284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
PARKS, JOHN P
C/O WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

10. Name and Address of New Registered Agent
 81 Name **Jones, Guerry**
 82 Street Address (P.O. Box Number is Not Acceptable) **c/o Hamic Jones Hamic Nalley & Sturwold, P.A.**
 83 **1905 South Florida Avenue**
 84 City **Lakeland** 85 Zip Code **FL 33803**

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 *R. Guerry Jones* **R. GUERRY JONES** DATE **4-11-99**

Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	President	<input type="checkbox"/> DELETE
NAME	Thomas H. Love	
STREET ADDRESS	1816 Sherwood Lakes Blvd.	
CITY-ST-ZIP	Lakeland FL 33809	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Joseph B. McKeown	
STREET ADDRESS	463 Flora Creek Ct.	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Richard A. Grant	
STREET ADDRESS	1206 Candlewood Dr.	
CITY-ST-ZIP	Lakeland FL 33813	
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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: *Thomas H. Love* **Thomas H. Love** DATE **4/16/99** (941) **802-9218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)