

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:53

DOCUMENT # **S53630** (7)

1. Corporation Name
HUMISTON & MOORE ENGINEERS, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5051 CASTELLO DRIVE SUITE 240 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1991		3a. Date of Last Report 04/07/1994	
4. FEI Number 65-0262357		Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 10641 Airport Rd., N.		2a. Mailing Address 10641 Airport Rd., N.	
Suite, Apt. #, etc. Suite # 29		Suite, Apt. #, etc. Suite # 29	
City & State Naples, Florida		City & State Naples, Florida	
Zip 33942	Country USA	Zip 33942	Country USA

9. Name and Address of Current Registered Agent
**MOORE BRETT
5051 CASTELLO DRIVE
240
NAPLES FL 33940**

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 607.0507 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME MOORE, BRETT	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5051 CASTELLO DR., STE 240	CITY, ST, ZIP NAPLES FL	12 NAME	
TITLE D	NAME HUMISTON, KEN	13 STREET ADDRESS 10641 Airport Rd., N., Suite 29	
STREET ADDRESS 5051 CASTELLO DR., #240	CITY, ST, ZIP NAPLES FL	14 CITY, ST, ZIP Naples, Florida 33942	
TITLE	NAME	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	22 NAME	
CITY, ST, ZIP	STREET ADDRESS 10641 Airport Rd., N., Suite 29	23 STREET ADDRESS 10641 Airport Rd., N., Suite 29	
TITLE	NAME	24 CITY, ST, ZIP Naples, Florida 33942	
STREET ADDRESS	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	STREET ADDRESS	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	NAME	34 CITY, ST, ZIP	
CITY, ST, ZIP	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	42 NAME	
STREET ADDRESS	STREET ADDRESS	43 STREET ADDRESS	
CITY, ST, ZIP	NAME	44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	52 NAME	
CITY, ST, ZIP	STREET ADDRESS	53 STREET ADDRESS	
TITLE	NAME	54 CITY, ST, ZIP	
STREET ADDRESS	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	NAME	62 NAME	
TITLE	STREET ADDRESS	63 STREET ADDRESS	
STREET ADDRESS	NAME	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report or on an attachment with an address.

SIGNATURE:  **Brett D. Moore**
Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/95 (813) 594-2021