

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G72454** (3)

1. Corporation Name

GEOSYNTEC CONSULTANTS, INC.



Principal Place of Business

**ONE PARK PLACE
621 N.W. 53RD STREET STE 650
BOCA RATON FL 33487**

Mailing Address

**ONE PARK PLACE
621 N.W. 53RD STREET STE 650
BOCA RATON FL 33487**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/01/1983

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2355134

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

**WILLIAMS, NEIL D., PH.D., P.E.
621 N W 53RD STREET
STE 650
BOCA RATON FL 33487**

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 (typed or printed name of registered agent and date filed)

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
SANGLERAT, THIERRY
339 CANAL ST.
NEWPORT BEACH CA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VDS
GIROUD, JEAN-PIERRE
6711 N. OCEAN BLVD, 29
OCEAN RIDGE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WILLIAMS, NEIL D.
4902 NW 105TH DR.
CORAL SPRINGS FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BONAPARTE, RUDOLPH
3814 ASHFORD KNOLL
ATLANTA GA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BEECH, JOHN F
3975 CHESSON CT
ATLANTA GA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SARGENT, THOMAS N. S
454 ALLANA COURT
STONE MOUNTAIN GA** ☒ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. Giroud

4/16/96

407 995-0900

CR2E034 (12/95)