

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079943 (2)

1. Corporate Name

ADVANCED GEOTECHNICAL CONSULTANTS, INC.



Principal Place of Business

5119 N.W. 34TH TERRACE
GAINESVILLE FL 32605

Mailing Address

5119 N.W. 34TH TERRACE
GAINESVILLE FL 32605-1013

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3431406

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RWEBYOGO, MUTABHIRWA FREDRICK
5119 N.W. 34TH TERRACE
GAINESVILLE FL 32605

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 of the person named as registered agent is not filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

P/V/T/S
MUTABHIRWA FREDRICK RWEBYOGO
5119 NW 34TH TERRACE
GAINESVILLE FL 32605

14. I do 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.

SIGNATURE: Mutabhirwa Fredrick Rwebyogo

MUTABHIRWA FREDRICK RWEBYOGO

3/26/97

(352) 375-7108

SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)