

2-11-98 B-1918 me  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 398388 (9)  
1. Corporation Name  
PENINSULA DESIGN AND ENGINEERING, INC.

Principal Place of Business  
9720 PRINCESS PALM AVE  
STE 106  
TAMPA FL 33619

Mailing Address  
9720 PRINCESS PALM AVE  
STE 106  
TAMPA FL 33619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1374847	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent ED SAMTZ 220 S. FRANKLIN ST. TAMPA FL 33602		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAS	1.1 TITLE	TS
NAME	GILBERT, JOHN F JR	1.2 NAME	JOHN F GILBERT JR
STREET ADDRESS	9720 PRINCESS PALM AVE	1.3 STREET ADDRESS	9720 PRINCESS PALM AVE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL
TITLE	P	2.1 TITLE	
NAME	SHEPHERD, ROBERT C.	2.2 NAME	
STREET ADDRESS	9720 PRINCESS PALM AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	VAS
NAME	BOTTONE, PETER J	3.2 NAME	PETER J BOTTONE
STREET ADDRESS	9720 PRINCESS PALM AVE	3.3 STREET ADDRESS	9720 PRINCESS PALM AVE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL
TITLE	VAS	4.1 TITLE	
NAME	BELLUCCIA, ALFONSO A	4.2 NAME	
STREET ADDRESS	9720 PRINCESS PALM AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	WHITMAN, ROBERT L	5.2 NAME	
STREET ADDRESS	9720 PRINCESS PALM AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP
NAME		6.2 NAME	JOHN D CORRATO
STREET ADDRESS		6.3 STREET ADDRESS	9720 PRINCESS PALM AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 attached sheet with an address.

SIGNATURE:  TREASURER  
SECRETARY

1/14/98 813 626-5400

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