

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90180 008 \*\*\*158.75

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06487**

1. Corporation Name  
**HDR ENGINEERING, INC.**

Principal Place of Business  
**5100 W. KENNEDY BLVD.  
300  
TAMPA FL 33609-1806  
US**

Mailing Address  
**8404 INDIAN HILLS DRIVE  
OMAHA NE 68114-4049  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/20/1985**

4. FEI Number

**47-0680568**

Applied For  
☐ No 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BELL, RICHARD R.**  
STREET ADDRESS **12941 LAFAYETTE AVE.**  
CITY-STATE-ZIP **OMAHA NE**

TITLE **DEVP** ☐ DELETE  
NAME **JAMES H SUTTLE**  
STREET ADDRESS **3802 N 95TH ST**  
CITY-STATE-ZIP **OMAHA NE**

TITLE **DSVP** ☐ DELETE  
NAME **BLEEKER, GARY L**  
STREET ADDRESS **4816 118TH AVE NE**  
CITY-STATE-ZIP **KIRKLAND WA**

TITLE **S** ☐ DELETE  
NAME **PACHMAN, LOUIS J.**  
STREET ADDRESS **5008 CHICAGO STREET**  
CITY-STATE-ZIP **OMAHA NE**

TITLE **T** ☐ DELETE  
NAME **LACEY, WNDY L.**  
STREET ADDRESS **6804 N. 106TH CIRCLE**  
CITY-STATE-ZIP **OMAHA NE 68122**

TITLE **DEVP** ☐ DELETE  
NAME **HANEY, JAMES K.**  
STREET ADDRESS **6001 TRAVIS WOODS COVE**  
CITY-STATE-ZIP **AUSTIN TX 78734**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **Lacey, Wendy L.**  
5.3 STREET ADDRESS **6804 N. 106th Circle**  
5.4 CITY-STATE-ZIP **Omaha, NE 68122**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

*Wendy L. Lacey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy L. Lacey

Treasurer

4/20/99

Date

(402) 399-1000

Daytime Phone #

CR2E034 (11/98)