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Feb 15, 1999 8:00am  
Secretary of State

02-15-1999 90021 005 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 204319

1. Corporation Name

VON ENGINEERING COMPANY

Principal Place of Business

1020 WILFRED DRIVE  
ORLANDO FL 32803

Mailing Address

1020 WILFRED DRIVE  
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1957

4. FEI Number

59-0810662

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 owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

DUTTWEILER, TERRY C.  
1020 WILFRED DRIVE  
ORLANDO FL 32803

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  
NAME DUTTWEILER, TERRY C.  
STREET ADDRESS 1020 WILFRED DRIVE  
CITY-ST-ZIP ORLANDO FL

DELETE ☐

TITLE SD  
NAME DUTTWEILER, JAN A  
STREET ADDRESS 1020 WILFRED DRIVE  
CITY-ST-ZIP ORLANDO FL

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change ☐ Addition ☐

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change ☐ Addition ☐

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)