

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 # 231167 (8)

1. Corporation Name

SMITH AND GILLESPIE ENGINEERS, INC.



Principal Place of Business

1100 CESERY BLVD
PO BOX 53138
JACKSONVILLE FL 32201

Mailing Address

1100 CESERY BLVD
PO BOX 53138
JACKSONVILLE FL 32201

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/17/1959

3a. Date of Last Report

02/03/1995

4. FEI Number

59-0978843

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

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 of Registered Agent (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	BERRY, JAMES J	
STREET ADDRESS	1100 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☒ DELETE
NAME	GENRIG, ROBERT W	
STREET ADDRESS	1100 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	WILLIAMSON, JAMES C	
STREET ADDRESS	1100 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	BRIDGES, HAROLD R	
STREET ADDRESS	1100 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	EDMONDS, ROBERT C.	
STREET ADDRESS	1100 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☐ DELETE
NAME	MAXMAN, ROBERT J.	
STREET ADDRESS	1100 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	☐ Change ☒ Addition
12. NAME	Layton, Douglas	
13. STREET ADDRESS	1100 Cesery Blvd.	
14. CITY-ST-ZIP	Jacksonville, FL	
2. TITLE	TDP	☐ Change ☒ Addition
22. NAME	Jones, Richard H.	
23. STREET ADDRESS	1100 Cesery Blvd.	
24. CITY-ST-ZIP	Jacksonville, FL	
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE	SDV	☒ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE	DV	☒ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 352-377-5821
Date: Day/Year/Phone #

CR2E034 (12/95)