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Feb 27 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 # 264138 (9)

1. Corporation Name
HUTCHEON ENGINEERS, INC.

Principal Place of Business
3001 WESTON PARKWAY
CARY NC 27513
US

Mailing Address
P.O. BOX 33068
RALEIGH NC 27636-3068



3. Date Incorporated or Qualified 10/31/1962
3a. Date of Last Report 03/06/1996

4. FEI Number 59-0997728
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

CONRAD, JOHN R
4431 EMBARCADERO DR
WEST PALM BEACH FL 33407

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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	<input type="checkbox"/> DELETE
NAME	WRIGHT ROBERT G.	
STREET ADDRESS	3001 WESTON PARKWAY	
CITY - ST - ZIP	CARY NC	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WILSON MARK S.	
STREET ADDRESS	3001 WESTON PARKWAY	
CITY - ST - ZIP	CARY NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGBY JACK T. III	
STREET ADDRESS	6465 COLLEGE PARK SQUARE #200	
CITY - ST - ZIP	VIRGINIA BCH., VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEESON FRED V.	
STREET ADDRESS	4431 EMBARCADERO DR.	
CITY - ST - ZIP	WEST PALM BCH., FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL ROBERT H.	
STREET ADDRESS	4431 EMBARCADERO DR.	
CITY - ST - ZIP	WEST PALM BCH., FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSHIRE ROY L.	
STREET ADDRESS	12860 COIT RD., SUITE 300	
CITY - ST - ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bartlett, Donald L.
4.3 STREET ADDRESS	4431 Embarcadero Dr.
4.4 CITY - ST - ZIP	West Palm Bch, FL 33407
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Byrd, Michael N.
5.3 STREET ADDRESS	4431 Embarcadero Dr.
5.4 CITY - ST - ZIP	West Palm Bch, FL 33407
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Mark S. Wilson
Mark S. Wilson

1-7-97

919/677-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)