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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90071 043 ***150.00

1999

DOCUMENT # 308147 1. Corporat on Name HARBOR ENGINEERING COMPANY

Principal Place of Business		Mailing Address	Mailing Address			81 81811 81811 81811 81811 8181	.,
TOTO TION THE STATE OF THE STAT		1615 HUFFINGHAM RD. JACKSONVILLE FL 32216	70.0		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					08/15/1966		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Appl	ed For
21		26	26		59-1151697	Not .	\pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 Ad	ditional
22		27			5. Certifcate of Status Desired	Fee Requ	iired
City & State		City & State		** ****	6. Election Campaign Financing	\$5.00 M	ay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Count y	Zip	Country		8. This corporation owes the current	year Intangible	
24	25	29	0		Personal Property Tax.	¥Yes]No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent	
			81	Name			
	G. RAY, JR.	18 La Vista Circle	2 82	Street A	ddress (P.O. Box Number is Not Acceptable)	
4056	RIVER VALLEY RD: 400	TAVISTA CITE!		Oli eet At	unios (i .o. box tumbor la rior rioceptable	,	
J ACK	(SONVILLE FL 3221) عدا	Ksonville, FL. 3221	7 83				
							
			84	City		FI 85 Zip Co)je
11 Pureuart	to the provisions of Sections 607 (0502 and 607 1508 Florida Statutes	the above	-named co	orporation submits this statement for the pur	pose of changing its re	gistered
Aff. AA A	amintoral agent or both in the Sta	ito of Elorida. Such change was a ith	MITER DV	the cornor	ation's board of directors. I hereby accept the	e appointment as regi-	tered
		igations of, Section 607.0505, Flo id	a Statutes.			0 000 10	~ ~
SIGNATURE	Lake In Co	Alore Ba	ogistored Agen	t signature reg	gui ed when reinstating)	23, 19	27,
40	Signature, typed or printed name of registered	AND DIRECTORS	13.	i signature req	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3 IN 12
12.	SC	DELETE	1.1 TITLE		TABLITIC TOTAL INTELLEGICAL CONTINUES TO CONTINUE TO CON	☐ Change	Addition
NAME		-					
	ADEA-DIVED WALLEY-DOL H	008 LaVista Circle	1.3 STREET	ADDOCCO			
STREET ADDRESS	JACKSONVILLE EL JAC	Ksonville, FL.32217	1.4 CITY-ST				
TITLE	T	☐ DELETE	2.1 TITLE	_		☐ Change	Addition
NAME	RAY,SANDRA R.		2.2 NAME				
STREET ADDRESS	LASSA STREET OF LANGE LAVISTA CIRCLE		2.3 STREET	ADDRESS			
	JACKSONVILLE FL J	ckr-2111e.FL 32217	2.4 CITY-S				
CITY-ST-ZIP	p	LCKsonville, FL32217	3.1 TITLE	, 411		Change	Addition
NAME	RAY, LAKE G., III		32 NAME	-			
STREET ADDRESS	1615 HUFFINGHAM LANE		33 STREET	ADDRESS			
	JACKSONVILLE FL		3.4. CITY-S				
CITY-ST-ZIP	AUCHAALLIEF I F		3.7. 0111-3	- 44			

64 CITY-ST-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 a nnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I an an officer or director of the corporation or the receiver or trustee empowered to e eccute 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:

SIGNATURE:

Date

Date CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRES CITY-ST-ZIP

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

☐ DELETE

Change

Change

☐ Change

Addition

Addition

☐ Addition