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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 310160

(7)

1. Corporation Name

GORDON ENGINEERING ASSOCIATES, INC.



Principal Place of Business

1815 N E JACKSONVILLE HWY
P.O. BOX 877
OCALA FL 34478
US

Mailing Address

1815 N E JACKSONVILLE HWY
P.O. BOX 877
OCALA FL 34478-0877
US

3. Date Incorporated or Qualified

10/14/1966

3a. Date of Last Report

01/26/1996

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

10. Name and Address of New Registered Agent

FORSBERG, THERESA A.
1815 N.E. JACKSONVILLE ROAD
OCALA FL 32870

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VPD	GORDON, MARY W.	1815 N.E. JAX. ROAD	OCALA FL	☐
VD	STRICKLAND, THOMAS C.	RT 1 BOX 594	ANTHONY FL	☐
SD	FORSBERG, THERESA A.	1815 N.E. JAX. ROAD	OCALA FL	☐
P	GORDON, ARCHIE W	1815 N.E. JAX ROAD	OCALA FL 34478	☐

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	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
6.1 TITLE	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: Theresa A. Forsberg, Sec-Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 952-624-0096
Date Daytime Phone #

CR2E034 (9/96)