

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 310160 (7)  
1. Corporation Name  
GORDON ENGINEERING ASSOCIATES, INC.

Principal Place of Business Mailing Address  
1815 N E JACKSONVILLE HWY 1815 N E JACKSONVILLE HWY  
P.O. BOX 877 P.O. BOX 877  
OCALA FL 34478 Ocala FL 34478  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/14/1966  
4. FEI Number  
59-1150184  
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country  
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

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

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

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Archie W. Gordon / ARCHIE W GORDON

4/28/98 352-629-0096

CR2E034 (10/97)