

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **398388** (9)

1. Corporation Name

PENINSULA DESIGN AND ENGINEERING, INC.



Principal Place of Business

9720 PRINCESS PALM AVE
STE 106
TAMPA FL 33619

Mailing Address

9720 PRINCESS PALM AVE
STE 106
TAMPA FL 33619

3. Date Incorporated or Qualified 03/30/1972	3a. Date of Last Report 01/23/1995
4. FEI Number 59-1374847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ED SAVITZ
220 S. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 signor (see 12a) of the corporation.

(Note: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE TREASURER / ASST SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILBERT, JOHN F JR		1.2 NAME	
STREET ADDRESS 9720 PRINCESS PALM AVE		1.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA FL		1.4 CITY-STATE-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPHERD, ROBERT C.		2.2 NAME	
STREET ADDRESS 9720 PRINCESS PALM AVE		2.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA FL		2.4 CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOTTONE, PETER J		3.2 NAME	
STREET ADDRESS 9720 PRINCESS PALM AVE		3.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA FL		3.4 CITY-STATE-ZIP	
TITLE VAS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELLUCCIA, ALFONSO A		4.2 NAME	
STREET ADDRESS 9720 PRINCESS PALM AVE		4.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA FL		4.4 CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITMAN, ROBERT L		5.2 NAME	
STREET ADDRESS 9720 PRINCESS PALM AVE		5.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA FL		5.4 CITY-STATE-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFITHS, ROBERT W		6.2 NAME	
STREET ADDRESS 9720 PRINCESS PALM AVE		6.3 STREET ADDRESS	
CITY-STATE-ZIP TAMPA FL		6.4 CITY-STATE-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 appointment form an address.

SIGNATURE: *Robert C Shepherd* 1-23-96 626-5400 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TIME PHONE #

CR2E034 (12/95)