

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

**FILED**

**Jan 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 # 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 33619-8346**

3. Date Incorporated or Qualified: **03/30/1972**  
3a. Date of Last Report: **02/02/1996**

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

4. FEI Number: **59-1374847**  
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

9. Name and Address of Current Registered Agent:  
**ED SAVTZ  
220 S. FRANKLIN ST.  
TAMPA FL 33602**

10. Name and Address of New Registered Agent (81-84):  
Name (81)  
Street Address (P.O. Box Number is Not Acceptable) (82)  
City (84) Zip Code (85): **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.0504 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<b>TAS</b>	<input type="checkbox"/> DELETE
NAME	<b>GILBERT, JOHN F JR</b>	
STREET ADDRESS	<b>9720 PRINCESS PALM AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEPHERD, ROBERT C.</b>	
STREET ADDRESS	<b>9720 PRINCESS PALM AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BOTTONE, PETER J</b>	
STREET ADDRESS	<b>9720 PRINCESS PALM AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>BELLUCCIA, ALFONSO A</b>	
STREET ADDRESS	<b>9720 PRINCESS PALM AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITMAN, ROBERT L</b>	
STREET ADDRESS	<b>9720 PRINCESS PALM AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>000002073420</b>
53 STREET ADDRESS	<b>-01/30/97--01028--047</b>
54 CITY-ST-ZIP	<b>***347.50</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>700002073407</b>
63 STREET ADDRESS	<b>-01/30/97--01028--047</b>
64 CITY-ST-ZIP	<b>***173.75</b>

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 as an attachment with an address.

SIGNATURE: *[Signature]* **JOHN F GILBERT JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **1/27/97** Daytime Phone #: **813-626-5400**

CR2E034 (9/96)