**FILED** 

03-11-1999 90139 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 402275  URAL ENGINEERS GROUP				
Principal Place	of Rusiness	Mailing Address			)   0
•		2223 OAK STREET			
2223 OAK STREET JACKSONVILLE FL 32204  2223 OAK STREET JACKSONVILLE FL 32204					
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
<u> </u>		2a. Mailing Address		06/01/1972 4. FEI Number	Applied For
	ace of Business	26. Mailing Address		59-1398244	Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25			Personal Property Tax.	Yes □No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	30 Agent
COL	LINS JR., FRED C			Richard C. Givens	
2223 OAK ST			82 Street A	Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32204			83	9497 OUK 7416C1	
•	,				
			84 City	Jackson ville F	85 Zip Code 333304
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accord the folig	02 and 607.1508, Florida Statutes e of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above-named on the corporate of the corporate statutes.	corporation submits this statement for the purpose reation's board of directors. I hereby accept the ap	politiment as registered
SIGNATURE	Signature, typed or printed name of registered ag-		Registered Agent signature re	Adried when reinstating)	
12. (		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	SVP		1.1 TITLE		
NAME	COLLINS, FRED C		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	2223 OAK STREET				
CITY-ST-ZIP	JACKSONVILLE FL	☐ D€LETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	GIVENS, RICHARD C		2.2 NAME		
NAME STREET ADDRESS	2223 OAK STREET		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	3.1 TITLE		Change Addition
NAME	MCCRARY, MARC D		3.2 NAME		
STREET ADDRESS	2223 OAK STREET		3.3 STREET ADDRESS		6
CiTY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	4.1 TITLE		Change Addition
NAME	GIVENS, ROBERT W		4. 2 NAME		:
STREET ADDRESS	2223 OAK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		——————————————————————————————————————
TITLE	<b>∨</b> P	☐ DELETÉ	5.1 TITLE	VP	Change Addition
NAME			5.2 NAME	Mark A. miller, P.E.	
STREET ADDRESS				22300KStreet	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Jacksonville, FL	Change Addition
TITLE.		C) DELETE	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	I		J.O O INCL. I ADDINESS		

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR