

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 402275

1. Entity Name
STRUCTURAL ENGINEERS GROUP, INC.



Principal Place of Business
**4114 SUNBEAM ROAD
BLDG. 200
JACKSONVILLE, FL 32257**

Mailing Address
**4114 SUNBEAM ROAD
BLDG. 200
JACKSONVILLE, FL 32257**



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1398244

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GIVENS, RICHARD C
4114 SUNBEAM ROAD
BLDG. 200
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
COLLINS, FRED C
4114 SUNBEAM ROAD, BLDG 200
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GIVENS, RICHARD C
4114 SUNBEAM ROAD, BLDG 200
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MCCRARY, MARC D
4114 SUNBEAM ROAD, BLDG 200
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
GIVENS, ROBERT W
4114 SUNBEAM ROAD, BLDG 200
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILLER, MARK A PE
4114 SUNBEAM ROAD, BLDG 200
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000244826
02/26/05-80038-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Richard C. Givens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05
Date

904-262-4000
Daytime Phone #