

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 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



04042007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000707666

04/24/07-80083-011 158.75

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/05/07
Date

904-262-4000
Daytime Phone #