

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # 416803

(5)

1. Corporation Name

PALM COAST ENGINEERING AND DESIGN SERVICES, INC.



Principal Place of Business

EXECUTIVE OFFICE  
PALM COAST FL 32051

Mailing Address

1 CORPORATE DR.  
PALM COAST FL 32151-0001  
US

3. Date Incorporated or Qualified

01/15/1973

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FLE Number

13-2809545

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KELLY, JOHN  
STREET ADDRESS EXECUTIVE OFFICE  
CITY-ST-ZIP PALM COAST FL ☐ DELETE

TITLE VD  
NAME GARDNER, JAMES E.  
STREET ADDRESS EXECUTIVE OFFICE  
CITY-ST-ZIP PALM COAST FL ☐ DELETE

TITLE S  
NAME CUFF, ROBERT G., JR.  
STREET ADDRESS EXECUTIVE OFFICE  
CITY-ST-ZIP PALM COAST FL ☐ DELETE

TITLE V  
NAME DICKINSON, ROBERT E.  
STREET ADDRESS EXECUTIVE OFFICE  
CITY-ST-ZIP PALM COAST FL ☐ DELETE

TITLE T  
NAME CALLEA, CHARLES J.  
STREET ADDRESS EXECUTIVE OFFICE  
CITY-ST-ZIP PALM COAST FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS  
1.2 NAME RICHARD POWERS  
1.3 STREET ADDRESS 4 WEST RED OAK LN.  
1.4 CITY-ST-ZIP WHITE PLAINS, NY 10604 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME SAM BUTLER, JR.  
2.3 STREET ADDRESS EXECUTIVE OFFICE  
2.4 CITY-ST-ZIP PALM COAST, FL 32151 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

4/14/97

904 445 2642

CR2E034 (9/96)