## 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

DOCUMENT # 441054

(4)

HODGE CONSULTING ENGINEERS, INC.

Principal Plac	e of Business	M	ailing Address			·············					
% KEITH L. H 1674 NW 19TH GAINESVILLE I	6 KEITH L. HODGE 674 NW 19TH LANE NAINESVILLE FL 328054	NW 19TH LANE									
							3. Date Incorporated or Qualified		te of Last R	leport	7
2. Principal P	lace of Business	2a	. Mailing Address				11/29/1973 4. FEI Number	1 05/	01/1996		4
11		<u></u>	26				4. FEI Number Applied For Not Applied For				-
Suite Apt.	# etc		Suite, Apt. #, etc.	****				TD	<del></del>	Additional	7
22			27				5. Certificate of Status Desired	U <b>N</b> O	,	equired	
— City & Stat∈ □□	0	ļŋ	City & State				6. Election Campaign Financing	P*****		May Be	7
Ζφ	Country	28	Zip	Co	intry		Trust Fund Contribution			to Fees	
24	25	29	2.147	30	ппгу		8. This corporation has liability for i	ntangible ] Yes [		i. 199.032,	
	9. Name and Address of Ci	urrent Regis	stered Agent	30	Ι		10. Name and Address of New Re			<del></del>	
HOI	dge, keith l				81	Name		<u>'</u>	<del></del>	<del></del>	7
	4 NW 19TH LANE				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	<del></del>		$\dashv$
GAI	NESVILLE FL 32605						70.50				_
					83						
					84	City		FL	<b>85</b> Zip	Code	7
11. Pursuant	to the provisions of Sections 607	7.0502 and €	607.1508. Fiorida Statu	ites, the a	bove	a-named corr	coration submits this statement for the p	urocea of	changino i	ts registered	$\dashv$
office or r	egistered agent, or both, in the ! militamiliar with land accopt the c	State of Flori	da. Such change was	authorize	d by	the corporat	tion's board of directors. I hereby accep	the app	ointment as	registered	
SIGNATURE	The same trees and same same trees	anguao o	, coction cor.coco, r	ionoa ota	utec	<b>5</b> .					
	Signature typed or pented harne of register	*******	· · · · · · · · · · · · · · · · · · ·	TE: Registere	d Age	nt signature requi	red when reinstating)	DATE			
12.		S AND DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			<u></u> ]{
TILE	P	L DELETE 1.1 F		TLE				Change	Addition	3	
NAME	HODGE, KEITH L				1.2 NAME						3
STREET ADORESS	1674 NW 19TH LANE				1.3 STREET ADDRESS						ļ
CITY-ST-ZIP TITLE	GAINESVILLE, FL 00000	************				T-ZIP			Change	Addition	È
NAME							*		□ ruange	Addition	1
STREET ADORESS				2.2 N		ADDRESS					
CITY - ST - 21P						ST-ZIP	• •				
TITLE			DELETE	3.1 ∏		11-211		<del></del>	Change	Addition	$\exists$
NAME				3.2 N					<del>-</del>		
STREET ADORESS				ŀ		ADDRESS					
CHY-ST ZIP						ST - ZiP					
TITLE			DELETE	4.1 TI		<del></del>			Change	Addition	7
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 S	REET	ADDRESS					
CITY- ST-ZIP				4.4 C	TY-S	T - ZIP					
TITLE			☐ DELETE	5.1 TI	TLE				Change	Addition	]
NAME				52 N	AME						
STREET ADDRESS				1		ADDRESS	•				
CITY - ST - ZIP			DEFET	5.4 C		I - ZIP				1 1 100	1
TITLE			☐ DELETE	6.1 TF					L Change	Addition	
NAME contractor				6.2 N			,				1
STREET ADDRESS   CUTY-ST-ZIP						ADDRESS					

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 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:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/20/97 352/374 8097

**FILED** 

Jan 27 1997 8:00am

Secretary of State