

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 441861 (2)

1. Corporation Name

ENGINEERING DESIGN, INC.



Principal Place of Business

Mailing Address

180 RIDGE ST.  
WINTER SPRINGS FL 32708

P.O. BOX 520695  
LONGWOOD FL 32752

3. Date Incorporated or Qualified  
12/17/1973

3a. Date of Last Report  
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

59-1502082

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

10. Name and Address of New Registered Agent

ANDERSON, THOMAS J. P  
521 VIA VERONA LANE  
APT. 101  
ALTAMONTE SPGS. FL 32714

81 Name

John H. Reynolds

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

180 Ridge St.

83

84 City

Winter Springs

FL

85 Zip Code

32708

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 of registered agent or officer, if applicable

John H. Reynolds, Pres.

7/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST  
NAME REYNOLDS, HARRY.  
STREET ADDRESS 519 APPLEWOOD  
CITY - ST - ZIP ALTAMONTE SPGS FL

TITLE DV  
NAME ANDERSON, THOMAS J.  
STREET ADDRESS 521 VIA VERONA LANE, APT. 101  
CITY - ST - ZIP ALTAMONTE SPGS. FL

TITLE VP  
NAME REYNOLDS, JUNE  
STREET ADDRESS 519 APPLEWOOD AVENUE  
CITY - ST - ZIP ALTAMONTE SPRINGS FL

TITLE DP  
NAME REYNOLDS, JOHN H.  
STREET ADDRESS 180 RIDGE ST.  
CITY - ST - ZIP WINTER SPGS. FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of signing officer or director

John Reynolds, Pres.

7/30/96

DATE

407-699-4500

Daytime Phone #

CR2E034 (3/96)