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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. 520695
LONGWOOD FL 32752

Mailing Address

P.O. 520695
LONGWOOD FL 32752-0695



3. Date Incorporated or Qualified

12/17/1973

3a. Date of Last Report

08/02/1996

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

2. Principal Place of Business

21 1000 Savage Ct.

Suite, Apt. #, etc.

22 2005

City & State

23 Longwood

Zip

24 32762

Country

25 USA

2a. Mailing Address

26 P.O. Box 520695

Suite, Apt. #, etc.

27

City & State

28 Longwood, Fla. 32752

Zip

29 32752

Country

30 USA

9. Name and Address of Current Registered Agent

REYNOLDS, JOHN H
180 RIDGE STREET
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

Harry Reynolds

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

1000 Savage Ct. # 2005

83

84 City

Longwood

FL

85 Zip Code

32752

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 *Harry Reynolds*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DST
REYNOLDS, HARRY
STREET ADDRESS 519 APPLEWOOD
CITY-ST-ZIP ALTAMONTE SPRS FL

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Harry Reynolds
1.3 STREET ADDRESS 519 Applewood Ave D.P.
1.4 CITY-ST-ZIP Altamonte Sprs., Fla. 32701

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME June Reynolds S.T.
2.3 STREET ADDRESS 519 Applewood Ave
2.4 CITY-ST-ZIP Altamonte Spr., Fla. 32701

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: *John H. Reynolds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407-699-4500
Date Daytime Phone

CR2E034 (9/96)