

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90048 048 ***158.75

DOCUMENT # 452788

1. Corporation Name

LONG & ASSOCIATES ENGINEERS/ARCHITECTS, INC.

Principal Place of Business

~~8902 HENDERSON BLVD. SUITE 200~~
~~TAMPA FL 33629~~

4525 South Manhattan Ave.
Tampa, Florida 33611

Mailing Address

~~8902 HENDERSON BLVD. SUITE 200~~
~~TAMPA FL 33629~~

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1974

4. FEI Number

59-1535380

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4525 S. Manhattan Ave.

Suite, Apt. #, etc.

22 City & State
23 Tampa, FL

24 Zip 33611 25 Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State
28

29 Zip 30 Country

9. Name and Address of Current Registered Agent

LONG, H.M., JR.
~~10 BISHOP CREEK DR.~~
~~SAFETY HARBOR FL 34695~~
8303 Double Branch Road
Tampa, FL 33635

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8303 Double Branch Road

83

84 City Tampa

FL

85 Zip Code
33635

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME LONG, H.M., JR.
STREET ADDRESS ~~10 BISHOP CREEK DR.~~ 8303 Double Br. Road
CITY-ST-ZIP ~~SAFETY HARBOR FL~~ Tampa, FL 33635

TITLE V ☐ DELETE
NAME VOIGTMANN, ORIS L.
STREET ADDRESS 5225 TRAPNELL ROAD
CITY-ST-ZIP DOVER FL

TITLE ~~ST~~ ☒ DELETE
NAME ~~FRULAND, ROBERT M.~~
STREET ADDRESS 7128 S. SHORE DRIVE
CITY-ST-ZIP S. PASADENA FL

TITLE ~~V~~ Secretary ☐ DELETE
NAME JOHNS, NATHAN
STREET ADDRESS 4301 SALTWATER BLVD.
CITY-ST-ZIP TAMPA FL 33615

TITLE Treasurer ☐ DELETE
NAME Long, Alexander M.
STREET ADDRESS 2117 University Court
CITY-ST-ZIP Clearwater, FL 33764

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Date

(813) 839-0506

Daytime Phone #

CR2E034 (1/98)

0402330