

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90051 011 ***150.00

DOCUMENT # 525082

1. Corporation Name

MORALES, SHUMER & MOCK ENGINEERS, INC.

Principal Place of Business

4811 ATLANTIC BLVD.
JACKSONVILLE FL 32207

Mailing Address

4811 ATLANTIC BLVD.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1977

4. FEI Number

59-1714367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 4600 Madison Ave.

Suite, Apt. #, etc.

27 Ste. 500

28 City & State

28 Kansas City, MO

Zip

29 64112

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LARSON, BRIAN G	1.2 NAME	
STREET ADDRESS	4811 ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	MAPLES, MICHAEL L	2.2 NAME	
STREET ADDRESS	4811 ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SHOOK, GARRY T ASST-S	3.2 NAME	
STREET ADDRESS	4811 ATLANTIC BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MULCAHY, EDWARD J	4.2 NAME	
STREET ADDRESS	4811 ATLANTIC BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LADNER, DAVID B	5.2 NAME	
STREET ADDRESS	4811 ATLANTIC BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	VICKERMAN, M. JOHN	6.2 NAME	
STREET ADDRESS	4811 ATLANTIC BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	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] REMOVED Maples 1-18-99 816-561-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)