

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

FILED

Mar 05 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 # 538550 (5)

1. Corporation Name
COLONIAL ENGINEERING, INC.

Principal Place of Business

4000 METZGER ROAD
P. O. BOX 699
FT. PIERCE FL 34954

Mailing Address

4000 METZGER ROAD
P. O. BOX 699
FT. PIERCE FL 34954-0699



3. Date Incorporated or Qualified 07/05/1977
3a. Date of Last Report 03/19/1996

4. FEI Number 59-1748807
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 State Assn # etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PEYMAN, ROBERT C.
798 S.E. WALTERS TERR.
PORT ST. LUCIE FL 33454

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 type for printed name of registered agent and filed applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	HAAS, CARROLL J	
STREET ADDRESS	RT 2 BOX SIMPSON RD	
CITY- ST- ZIP	MENDON, MI 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PEYMAN, ROBERT C	
STREET ADDRESS	798 SE WALTERS TERR	
CITY- ST- ZIP	PT ST LUCIE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAAS, CARROLL J., II	
STREET ADDRESS	6215 BRAVO CT.	
CITY- ST- ZIP	PORTAGE MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUGGER, MORSE	
STREET ADDRESS	2529 N INDIAN RIVER DRIVE	
CITY- ST- ZIP	FORT PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, DON	
STREET ADDRESS	7730 ANDREA LANE	
CITY- ST- ZIP	PORTAGE MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-464-4100

CR2E034 (9/96)