

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **538550** (5)
1. Corporation Name
COLONIAL ENGINEERING, INC.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 07/05/1977		4. FEI Number 59-1748807	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

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	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, CARROLL J	1.2 NAME	
STREET ADDRESS	RT 2 BOX SIMPSON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MENDON, MI 00000	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEYMAN, ROBERT C	2.2 NAME	
STREET ADDRESS	798 SE WALTERS TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PT ST LUCIE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, CARROLL J., II	3.2 NAME	
STREET ADDRESS	6215 BRAVO CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORTAGE MI	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGER, MORSE	4.2 NAME	
STREET ADDRESS	2529 N INDIAN RIVER DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DON	5.2 NAME	
STREET ADDRESS	7730 ANDREA LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORTAGE MI	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Robert Peyman* **1/26/98**

CR2E034 (10/97)