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

DOCUMENT # 570658

1. Corporation Name

THE COLONEY COMPANY CONSULTING ENGINEERS, INC.

Principal Place of Business	Mailing Address
1014 N. ADAMS ST. TALLAHASSEE FL 32303	1014 N. ADAMS ST. TALLAHASSEE FL 32303

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90081 009 ***150.00



Principal Place of Business	Mailing Address			(19818) attri 19611 gölta bilan artan len atan	B1811 81911 81811 81	
1014 N. ADAMS ST.	1014 N. ADAMS ST. Tallahassee Fl 32303					
TALLAHASSEE FL 32303	TALLAMASSEE PL 32303			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed	_	
				04/28/1978		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	 	olied For
21	26			59-1862453		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	City & State		_	6. Election Campaign Financing	\$5.00 h	May Be
23	28			Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country		8. This corporation owes the current year I		
24 25		30		Personal Property Tax.		□No
9. Name and Address	of Current Registered Agent			10. Name and Address of New Registered	<u>d</u> Agent	
OOLONEY WAYNE N	11	81	Name			1
COLONEY, WAYNE H. 1014 M ADAMS ST.	LONEY, WAYNE H.		ess (P.O. Box Number is Not Acceptable)			
TALIJAMASSEE FL 32303	I/I_{Λ}	83	-			
/ MA. LA		84	City	F	85 Zip C	ode
1/1. Purguant to the provisions of Section of Section	k/607 (502 and 07 1908 Norida Statute	s. the abov	e-named core	poration submits this statement for the purpose	of changing its	registered
office or segmented agent, or both, in	he State of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	istered
agent am ramitat with a co accept	the obligations of Assection 607.0505, Flori		ا . سيد ، '	VCOLONER 1	_9.9	9
SIGNATURE Shares, typical privated limber	egistered aum and title if hoppicable (NOTE:	Registered Age	at signature require	ed wien reinstating) DATE	<u>- </u>	
12. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ICERS AND DIRECTORS	13.	4_	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE / FSC	☐ DEILETE	1.1 TITLE			☐ Change	☐ Addition
NAME COLONEY, WAYNE H		12 NAME				
STREET ADDRESS /1014/N ADAMS ST		1.3 STREE	TADORESS			
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-S	ST-ZIP			
TITLE D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME COLONEY, WAYNE H		2.2 NAME				Ì
STREET ADDRESS 1014 N ADAMS ST		2.3 STREET ADDRESS				ì
CITY-ST-ZIP TALLAHASSEE FL		2. 4 CITY-	ST- ZIP			
TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME V		3.2 NAME				
STREET ADDRESS		3.3 STREE	ET ADDRESS			}
CITY-ST-ZIP		3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREE	ETADORESS			
CITY-ST-ZIP		4.4 CITY-S	ST-ZIP			
TITLE	☐ DELETE	51 TITLE			Change	☐ Addition
NAME		5.2 NAME				
STREET ADORESS		5.3 STREE	ET ADDRESS		•	
CITY-ST-ZIP	/ / /	5.4 CITY-5	ST-ZIP			
TITLE	DELETE	6.1 TITLE	-		☐ Change	Addition
NAME ////		6.2 NAME	.			j
STREET ADDRESS		6.3 STREE	T ADDRESS			·
CITY-ST-ZIP		6.4 CITY-	ST-ZIP			

respition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an an an epocate as required by Chapter 607, Florida Statutes; and that my name appears in