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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90098 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 613809

1. Corporation Name
MATRIX ENGINEERING, INC.

Principal Place of Business

**3434 INDUSTRIAL 33 ST
FT PIERCE FL 34946**

Mailing Address

**3434 INDUSTRIAL 33 ST
FT PIERCE FL 34946**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1979

4. FEI Number

59-1898648

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**SAYLOR, EDWARD T JR
1025 33RD AVE. S.W.
VERO BEACH FL 32962**

10. Name and Address of New Registered Agent

81 Name
SAYLOR, EDWARD T JR

82 Street Address (P.O. Box Number is Not Acceptable)
8323 CHINABERRY ROAD

83

84 City
VERO BEACH

FL **85** Zip Code
32963

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 **PT** ☐ DELETE
NAME **SAYLOR EDWARD T**
STREET ADDRESS **1025 33RD AVE. S.W.**
CITY-ST-ZIP **VERO BCH FL 00000**

TITLE **D** ☐ DELETE
NAME **SAYLOR EDWARD T**
STREET ADDRESS **1025 33RD AVE. S.W.**
CITY-ST-ZIP **VERO BCH FL 00000**

TITLE **VDS** ☐ DELETE
NAME **HAYES, THOMAS**
STREET ADDRESS **1550 SMUGGLERS COVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☒ Change ☐ Addition
1.2 NAME **SAYLOR EDWARD T**
1.3 STREET ADDRESS **8323 CHINABERRY ROAD**
1.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **SAYLOR EDWARD T**
2.3 STREET ADDRESS **8323 CHINABERRY ROAD**
2.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS HAYES, V.P.

Date

Daytime Phone #

1-19-99 761-461-2156

CR2E034 (11/98)