

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

FILED
Jan 23 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 # **638195** (8)
1. Corporation Name
BCI ENGINEERS & SCIENTISTS, INC.



Principal Place of Business 2000 E EDGEWOOD DR SUITE 215 LAKELAND FL 33803 US	Mailing Address P O BOX 5467 LAKELAND FL 33807 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1938287		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent C GEOFFREY VINING PA 230 S FLORIDA AVE STE 501 LAKELAND FL 33801				10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 306 E. Main Street	
83 Ste 200	
84 City	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

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	VT	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERICSON, WAYNE A.			1.2 NAME			
STREET ADDRESS	690 EAST CHURCH STREET			1.3 STREET ADDRESS	5150 Ewing Road		
CITY-ST-ZIP	BARTOW FL			1.4 CITY-ST-ZIP	33830		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWERS, RICHARD M			2.2 NAME			
STREET ADDRESS	6003 IRBY LANE WEST			2.3 STREET ADDRESS	33803		
CITY-ST-ZIP	LAKELAND, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUDDEN, PATRICIA R			3.2 NAME			
STREET ADDRESS	4406 SELKIRK LN EAST			3.3 STREET ADDRESS	33813		
CITY-ST-ZIP	LAKELAND, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROMWELL, LESLIE G			4.2 NAME			
STREET ADDRESS	530 HILLSIDE DR			4.3 STREET ADDRESS	33823		
CITY-ST-ZIP	AUBURNDAL FL			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Reigner, Walter R			5.2 NAME			
STREET ADDRESS	1692 Gamewell Trail			5.3 STREET ADDRESS			
CITY-ST-ZIP	Lakeland, FL 33809			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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:

Richard M. Powers

1-15-99 941-667-2345

CR2E034 (1097)