

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

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 10/01/1979	
4. FEI Number 59-1938287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable) 306 E. Main Street
83 Ste 200
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VT <input type="checkbox"/> DELETE
NAME	ERICSON, WAYNE A.
STREET ADDRESS	690 EAST CHURCH STREET
CITY-ST-ZIP	BARTOW FL
TITLE	P <input type="checkbox"/> DELETE
NAME	POWERS, RICHARD M
STREET ADDRESS	6003 IRBY LANE WEST
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	VS <input type="checkbox"/> DELETE
NAME	RUDDEN, PATRICIA R
STREET ADDRESS	4408 SELKIRK LN EAST
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BROMWELL, LESLIE G
STREET ADDRESS	530 HILLSIDE DR
CITY-ST-ZIP	AUBURNDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	Wegner, Walter R
STREET ADDRESS	1692 Gamewell Trail
CITY-ST-ZIP	Lakeland, FL 33809
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5150 Ewing Road
1.4 CITY-ST-ZIP	33830
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33803
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33813
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33823
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 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)