

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 744026 (6)**

1. Corporation Name

**ENGINEERS OF CAPE CORAL, INC.**



Principal Place of Business

Mailing Address

4012 S.E. 19TH AVE.  
APT. C-203  
CAPE CORAL FL 33904  
US

4012 SE 19TH AVENUE  
APARTMENT C203  
CAPE CORAL FL 33904  
US

3. Date Incorporated or Qualified  
**08/23/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2442065**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARRASMIT, GRANT H.  
4012 SE 19TH AVENUE  
SUITE C203  
CAPE CORAL FL 33904

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS WEAVER, LINDSEY  
CITY-ST-ZIP 916 S.E. 21ST LANE  
CAPE CORAL FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME PD  
1.3 STREET ADDRESS SINKINSON, ART.  
1.4 CITY-ST-ZIP 4807 SUNSET COURT  
CAPE CORAL FL 33904

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SINKINSON, ART  
CITY-ST-ZIP 4807 SUNSET COURT  
CAPE CORAL FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VD  
2.3 STREET ADDRESS SMITH, BRUCE  
2.4 CITY-ST-ZIP 919 S.E. 26TH TERRACE  
CAPE CORAL FL 33904

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS GILL, JOHN  
CITY-ST-ZIP 1229 S.W. 27TH STREET  
CAPE CORAL FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME VD  
3.3 STREET ADDRESS JOPLING, HOMER  
3.4 CITY-ST-ZIP 2208 S.E. 16TH STREET  
CAPE CORAL FL 33990

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SMITH, BRUCE  
CITY-ST-ZIP 919 S.E. 26TH TERRACE  
CAPE CORAL FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VD  
4.3 STREET ADDRESS GRAFER, ROBERT  
4.4 CITY-ST-ZIP 206 SW 46TH TERRACE  
CAPE CORAL FL 33914

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MCGRATH  
CITY-ST-ZIP 215 S.E. 14TH COURT  
CAPE CORAL FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME S  
5.3 STREET ADDRESS MCGRATH, WILLIAM  
5.4 CITY-ST-ZIP 213 S.E. 14TH COURT  
CAPE CORAL FL 33990

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS ARRASMITH, GRANT  
CITY-ST-ZIP 4012 S.E. 19TH AVE., APT. C-203  
CAPE CORAL FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME T  
6.3 STREET ADDRESS ARRASMITH, GRANT  
6.4 CITY-ST-ZIP 4012 SE 19TH AVE., APT C203  
CAPE CORAL FL 33904

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANT H. ARRASMIT

April 23, 1996 941/945 0466

Date Daytime Phone #

CR2E037 (12/95)