

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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. 403 SE 34 TERRACE 4012 SE 19TH AVENUE 403 SE 34 TERRACE
APT. C-203 CAPE CORAL FL 33904 APARTMENT 0203 CAPE CORAL FL 33904
US

2. Principal Place of Business

21 403 SE 34 TERRACE

Suite, Apt. #, etc.

City & State

23 CAPE CORAL FL

Zip

24 33904

Country

25 USA

2a. Mailing Address

26 403 SE 34 TERRACE

Suite, Apt. #, etc.

City & State

28 CAPE CORAL FL

Zip

29 33904

Country

30 USA

3. Date Incorporated or Qualified
08/23/19783a. Date of Last Report
04/26/1996

4. FEI Number

59-2442065

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

A.M. GEGENHEIMER

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

403 SE 34 TERRACE

83

84 City

CAPE CORAL

FL

85 Zip Code
33904

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

A.M. Gegenheimer Treasurer

10 Feb. 1997

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 PD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME SMITH, BRUCE
STREET ADDRESS 919 SE 26TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☐ DELETE

NAME JOPLING, HOMER
STREET ADDRESS 2208 SE 16TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☐ DELETE

NAME GRAFER, ROBERT
STREET ADDRESS 206 SW 46TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE S ☐ DELETE

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

TITLE T ☐ DELETE

NAME ARRASMIT, GRANT
STREET ADDRESS 4012 S.E. 19TH AVE., APT. C-203
CITY-ST-ZIP CAPE CORAL FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PROG. D

SMITH, BRUCE

919 SE 26 TERRACE

CAPE CORAL FL 33904

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Treas.

GEGENHEIMER A.M.

403 SE 34 TERRACE

CAPE CORAL FL 33904

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A.M. GEGENHEIMER

10 Feb. 1997

941-945-0652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-945-0652

CR2E037 (9/96)