

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 23, 1999 8:00 am  
Secretary of State

09-23-1999 90010 047 \*\*\*\*61.25

DOCUMENT # 744026

1. Corporation Name

ENGINEERS OF CAPE CORAL, INC.

Principal Place of Business

403 SE 34 TERR  
CAPE CORAL FL 33904  
US

Mailing Address

403 SE 34 TERR  
CAPE CORAL FL 33904  
US



2. Principal Place of Business

21 1304 SE 22nd Terr

Suite, Apt. #, etc.

2a. Mailing Address

26 11860 Princess Grace Ct

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/23/1978

4. FEI Number

59-2442065

Applied For

Not Applicable

City & State

23 Cape Coral, Florida

Zip

24 33990

Country

25 USA

City & State

28 Cape Coral, Florida

Zip

29 33991

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEGENHEIMER, A.M.  
403 SE 34 TERR  
CAPE CORAL FL 33904

81 Name

INNIS, F.B.

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

11860 Princess Grace Ct.

83

84 City

Cape Coral

FL

85 Zip Code

33991

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 FRANK B. INNIS

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

Frank B. Innis

(NOTE: Registered Agent signature required when reinstating)

9/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
T	GEGENNGIKER, AM	403 SE 34 TERR	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
PD	SMITH, BRUCE	919 SE 26TH TERRACE	CAPE CORAL FL	<input type="checkbox"/>
P	PELLERITO, P	3730 SW 14 PL.	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
VD	GRAFER, ROBERT	206 SW 46TH TERRACE	CAPE CORAL FL	<input type="checkbox"/>
S	MCGRATH, WILLIAM	215 S.E. 14TH COURT	CAPE CORAL FL	<input type="checkbox"/>
VP	CARD, S	1304 SE 22 TERR.	CAPE CORAL FL 33904	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	INNIS, F.B.	11860 PRINCESS GRACE CT.	CAPE CORAL, FL 33991	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	SMITH, BRUCE	919 SE 26TH TERR.	CAPE CORAL, FL 33904	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	CARD, S	1304 SE 22nd TERR.	CAPE CORAL, FL 33990	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	CAMP, JOHN	2305 SE 27TH ST.	CAPE CORAL, FL 33904	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	SHORE, T.M.	4306 SE 12TH AVE.	CAPE CORAL, FL 33904	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	HEWITON, T	2612 SW 25TH ST.	CAPE CORAL, FL 33914	<input checked="" type="checkbox"/>

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 617, 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: FRANK B. INNIS 9/20/99 (941) 283-7898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2F037 (5/99)