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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815760

(4)

## FILED Mar 02 1998 8:00am Secretary of State

		GINEERING TESTI		(4)								
Principal Plac	s	Mailing A	\ddress				r indelet ihribt trans mitti indite distit dalle n	ilbri albii Biail 41		Aláis inas		
3707 COTTAGE HILL RD. 3707 COTTAGE HILL RD.								•				
P.O. DRAWER 9837 P.O. DRAWER 9837  MOBILE AL 36691 MOBILE AL 36691						DO NOT WRITE IN THIS SPACE						
							ľ	3. Date Incorporated or Qualified				
							11/11/1961					
2. Principal P	Place of Busin	ness	2a. Mailing Address					4. FEI Number			plied For	
21			26					63-0389605			t Applicable	
Suite, Apt.	#, GIC.		Suite, Apt. #, etc.			İ	5. Certificate of Status Desired	<b>,</b> , , , , ,		dditional guired		
City & State City & State								6. Election Campaign Financing	<del></del>		May Be	
23			28							o Fees		
Zìp	ip Country		Zip		Country	Country		8. This corporation owes or has paid the current year intangible				
24	25		29				Personal Property Tax due June 30.					
CT		and Address of Currer TION SYSTEM	nt Registered /	Agent	81	Name		10. Name and Address of New Regis	stered Agent			
		ISLAND ROAD										
	ANTATION I				82	Street /	Addres	s (P.O. Box Number is Not Acceptable)	)			
, ,		- C 000E1				-						
					84	City		<u> </u>	loe l	Zin C	`odo	
ę.					1 -	,			FL 85	Zip C	Į.	
11. Pursuant	to the provis	ions of Sections 607.050	2 and 607.150	8, Florida Statut	es, the abov	e-named	corpor	ation submits this statement for the purn's board of directors. I hereby accept t	pose of chang	ing its	registered	
agent la	ım <b>fam</b> iliar wi	th, and accept the oblig	ations of Section	on 607.0505, Fl	orida Statute	5.	30141101	To board of directors. Thereby decept t	ию арронино	in as i	ogisio.ea	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·							DATE			
12.	Signature, typed	or printed name of registered age OFFICERS AN	D DIRECTORS		13.	ent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFICE		CTOR	S IN 12	
TITLE	D			DELETE	1.1 TITLE	- 1			☐ Ch	ange	Addition	
NAME				1.2 N								
STREET ADDRESS				1.3			STHEET ADDRESS					
CITY-ST-ZIP	MOBILE	AL		D Nei ree	1,4 CITY - S	T-ZIP					<del></del>	
TITLE		L, HENRY		DELETE	2.1 TITLE	}			L] Ch	ange	Addition (	
NAME		D SHELL RD			2.2 NAME 2.3 STREET	1000000						
STREET ADDRESS		AL 36607			2.3 SINEE			187	* >		1	
CITY-ST-ZIP TITLE	ST			DELETE	3.1 TITLE	DT-EIF			☐ Ch	ange	Addition	
NAME		CK, JAMES H.			3.2 NAME	ļ						
STREET ADDRESS		ADBURY AVE			3.3 STREET	ADDRESS						
CITY-ST-ZIP	MOBILE	AL			3.4. CITY-	ST-ZIP						
TITLE	ADAMS.	MODALES MELEN		☐ DELETE	4.1 TETLE	j			∐ Ch	ange	Addition	
NAME		MORALES, HELEN OTTAGE HILL RD			4. 2 NAME							
STREET ADDRESS	MOBILE				4.3 STREET						j	
CITY-ST-ZIP TITLE	D	, <u> </u>		DELETE	4.4 CITY - S 5.1 TITLE	1-ZIP			□ Ch	ange	Addition	
NAME	_	JOHN III			5.2 NAME	ĺ						
STREET ADDRESS	3707 CC	TTAGE HILL RD			5.3 STREET	ADORESS					1	
CITY-ST-ZIP	MOBILE	AL			5.4 CITY - S	- 1					_	
TITLE	VP.			DELETE	6.1 TITLE				☐ Ch	inge	Addition	
NAME	BAYA, E				6.2 NAME							
STREET ADDRESS		NCLAIRE WAY			6.3 STREET	ADDRESS					İ	
CITY-ST-ZIP	MOBILE	AL			6.4 CITY - S	T-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 of the receiver a 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 oddress.

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