

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90093 004 \*\*\*150.00

DOCUMENT # 817913

1. Corporation Name  
LOCKWOOD GREENE ENGINEERS INC

Principal Place of Business

1500 INTERNATIONAL DRIVE  
PO BOX 6280  
SPARTANBURG SC 29304-280  
US

Mailing Address

1500 INTERNATIONAL DRIVE  
PO BOX 6280  
SPARTANBURG SC 29304-280  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1964

4. FEI Number

13-0980060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Attn: Gina Bright  
Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME LUGER, DONALD R.  
STREET ADDRESS 1635 BAKERS GLENN DR  
CITY-ST-ZIP DUNWOODY GA

TITLE V ☐ DELETE  
NAME COX, J. CARROLL  
STREET ADDRESS 8 WOODBURN RIDGE ROAD  
CITY-ST-ZIP SPARTANBURG SC

TITLE VST ☐ DELETE  
NAME BRUNE, FRED M.  
STREET ADDRESS 441 CARLETON CIRCLE  
CITY-ST-ZIP SPARTANBURG SC

TITLE V ☐ DELETE  
NAME SOWTER, KEVIN J.  
STREET ADDRESS 233 MADISON AVENUE  
CITY-ST-ZIP MADISON, NJ 07940

TITLE VP ☐ DELETE  
NAME FOWLER, M. LANE  
STREET ADDRESS 113 CINDER CREEK ROAD  
CITY-ST-ZIP SPARTANBURG SC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME T  
6.3 STREET ADDRESS Wendell B. Stidham  
6.4 CITY-ST-ZIP 1500 International Drive  
Spartanburg SC 29303

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, with all other like empowered.

SIGNATURE:

Wendell B. Stidham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendell B. Stidham

1/1/99  
Date

(804) 578-2000  
Daytime Phone #

CR2E034 (11/98)