

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90122 044 \*\*\*158.75

DOCUMENT # 818433

1. Corporation Name

WILBUR SMITH ASSOCIATES, INC.

Principal Place of Business

1301 GERVAIS STREET, NCNB TOWER  
P.O. BOX 92  
COLUMBIA, S. C. 29202

Mailing Address

1301 GERVAIS STREET, NCNB TOWER  
P.O. BOX 92  
COLUMBIA, S. C. 29202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1965

4. FEI Number

57-0405950

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME HUBBARD, ROBERT A  
STREET ADDRESS NCNB TOWER #92  
CITY-ST-ZIP COLUMBIA, SC 00000

TITLE VD ☐ DELETE

NAME ZUELSDOFF, R., J.  
STREET ADDRESS NCNB TOWER BOX 92  
CITY-ST-ZIP COLUMBIA SC

TITLE VD ☐ DELETE

NAME WUESTEFELD, N. H.  
STREET ADDRESS NCNB TOWER #92  
CITY-ST-ZIP COLUMBIA, SC 00000

TITLE VD ☒ DELETE

NAME BONNIVELLE, J.W.  
STREET ADDRESS NCNB TOWER #92  
CITY-ST-ZIP COLUMBIA SC

TITLE T ☐ DELETE

NAME HENNECY, F. M  
STREET ADDRESS NCNB TOWER #92  
CITY-ST-ZIP COLUMBIA, SC 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank M. Hennecy, Jr., Treasurer

4/26/99

Date

803-758-4500

Daytime Phone #

CR2E034 (11/98)