

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

DOCUMENT # 818511

Corporation Name

LADD ENGINEERING ASSOCIATES, INC.

Principal Place of Business

1509 GAULT AVE. E.  
P O BOX 29  
FORT PAYNE AL 35967

Mailing Address

1509 GAULT AVE. E.  
P O BOX 29  
FORT PAYNE AL 35967

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90037 036 \*\*\*168.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1965

4. FEI Number

63-0567885

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

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

☐ Yes ☐ No

8. Name and Address of Current Registered Agent

COSTIN, CHARLES A  
413 WILLIAMS AVE  
PORT ST JOE FL 32456

9. 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

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	<input type="checkbox"/> DELETE
NAME	LANDSTREET, SR., C.M.	
STREET ADDRESS	2202 DESOTO PARKWAY	
CITY-ST-ZIP	FORT PAYNE AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ASHLEY, B. G. (P.E.)	
STREET ADDRESS	RT. 1, BOX 56	
CITY-ST-ZIP	FORT PAYNE AL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANDSTREET, AMELIA J.	
STREET ADDRESS	2202 DESOTO PKWY.	
CITY-ST-ZIP	FORT PAYNE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

*C.M. Landstreet, Sr.* C.M. Landstreet, Sr. 2/18/99 256-845-0601