

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **819225** (4)

1. Corporation Name

PATTERSON & DEWAR ENGINEERS INC



Principal Place of Business

Mailing Address

2865 MILSCOTT DR
2635 MILSCOTT DR
DECATUR GEORGIA 30031
US

PO BOX 1048
DECATUR GA 30031
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 of the registered agent or the person authorized to sign this report

Signature of the President, Chairman, or other officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PORTER, JOSEPH W JR.	
STREET ADDRESS	5631 FOUR WIND DRIVE	
CITY-STATE-ZIP	LILBURN GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	INGRAM, GEORGE E.	
STREET ADDRESS	1682 PELHAM RD., N. E.	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARNES, VIRGINIA M	
STREET ADDRESS	2685 MILSCOTT DR	
CITY-STATE-ZIP	DECATUR, GA 00000	
TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	DELONG, NORMAN A	
STREET ADDRESS	1836 MOUNTAIN SHADOW	
CITY-STATE-ZIP	STONE MOUNTAIN, GA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
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13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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89. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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93. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
94. NAME	
95. STREET ADDRESS	
96. CITY-STATE-ZIP	
97. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME	
99. STREET ADDRESS	
100. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Virginia M. Barnes* Virginia M. Barnes

March 12, 1996

404-296-5990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)