

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854135 (1)
1. Corporation Name
ALTMAN & ASSOCIATES ENGINEERING, INCORPORATED

Principal Place of Business: **ROUTE 6, RAINBOW LAKE ROAD POST OFFICE BOX 16155 SPARTANBURG SC 29316**
Mailing Address: **ROUTE 6, RAINBOW LAKE ROAD POST OFFICE BOX 16155 SPARTANBURG SC 29316**

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------|-------------------------|
| 2. Previous Form of Business | 2a. Mailing Address |
| 21. State, Apt. #, etc. | 26. State, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Locality | 29. Locality |

| | |
|--|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 09/21/1982 | 05/17/1994 |
| 4. FEI Number | Applied For |
| 57-0676325 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Director Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has exempt status under 190.011 Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**FAHERTY, THOMAS B.
4124 ALPINE DRIVE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 61. Name | |
| 62. Street Address (P.O. Box Number is Not Acceptable) | |
| 63. City | |
| 64. State | 65. Zip Code |
| FL | |

11. Pursuant to the provisions of Sections 607.1740 and 607.1750, Florida Statutes, the above named corporation hereby affirms this statement for the purpose of changing its registered agent and registered office in the State of Florida. This change was authorized by the corporation's Board of Directors. I hereby accept this agreement as registered agent. This change will take effect from the expiration of Section 607.1720, Florida Statutes.

12. ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

| NAME | ADDRESS | PHONE | STATUS |
|--|---------|-------|---|
| PVS ALTMAN, WILLIAM A. 327 FERDALE DRIVE SPARTANBURG SC | | | <input type="checkbox"/> Change <input type="checkbox"/> Action |
| TD ALTMAN, WILLIAM A. 327 FERDALE DRIVE SPARTANBURG SC | | | <input type="checkbox"/> Change <input type="checkbox"/> Action |
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified to be the registered agent for the corporation stated in Section 110.01(1)(b) Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. This information is for the use of the corporation or the records of the Division of Corporations. It is not to be used for any other purpose without the written consent of the corporation.

SIGNATURE: *W.A. Altman*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/25/95 (803) 578-8476

CR2E034 (3/95)