

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

ANNUAL REPORT

1995



DEPARTMENT OF REVENUE

DOCUMENT # 857636

(5)

1. Corporation Name

HALIFAX ENGINEERING, INC.

APPROVED  
AND  
FILED

95 FEB 23 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5250 CHEROKEE AVE.  
ALEXANDRIA VA 22312-2052

Mailing Address

5250 CHEROKEE AVE.  
ALEXANDRIA VA 22312-2052

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1983

3a. Date of Last Report

06/17/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

54-0829246

Applied For

Not Applicable

Subs. Apt. #, etc.

22

Subs. Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Print name and address of person signing this statement)

(NOTE: Registered Agent Signature Required When Resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |
|--------------------|----------------------------|
| 1. NAME            | PD<br>MILLS, HOWARD C.     |
| 2. STREET ADDRESS  | ROUTE 1                    |
| 3. CITY, ST., ZIP  | BROAD RUN VA               |
| 4. NAME            | SD<br>RUFFNER, ERNEST L.   |
| 5. STREET ADDRESS  | 2346 S. NASH ST.           |
| 6. CITY, ST., ZIP  | ARLINGTON VA               |
| 7. NAME            | VT<br>SMITHSON, RICHARD J. |
| 8. STREET ADDRESS  | 3 CREEK COURT              |
| 9. CITY, ST., ZIP  | WHITE PLAINS MD            |
| 10. NAME           | D<br>GROVER, JOHN, H       |
| 11. STREET ADDRESS | 2339 49TH ST NW            |
| 12. CITY, ST., ZIP | WASHINGTON DC              |
| 13. NAME           | DC<br>SCURLOCK, ARCH C.    |
| 14. STREET ADDRESS | 1753 ARMY-NAVY DR.         |
| 15. CITY, ST., ZIP | ARLINGTON VA               |
| 16. NAME           | C<br>MORRELL, DONALD, R    |
| 17. STREET ADDRESS | RT 4                       |
| 18. CITY, ST., ZIP | LEESBURG VA                |

|                        |                                                                   |
|------------------------|-------------------------------------------------------------------|
| 1. 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. 2. NAME             |                                                                   |
| 3. 3. STREET ADDRESS   |                                                                   |
| 4. 4. CITY, ST., ZIP   |                                                                   |
| 5. 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. 6. NAME             |                                                                   |
| 7. 7. STREET ADDRESS   |                                                                   |
| 8. 8. CITY, ST., ZIP   |                                                                   |
| 9. 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. 10. NAME           |                                                                   |
| 11. 11. STREET ADDRESS |                                                                   |
| 12. 12. CITY, ST., ZIP |                                                                   |
| 13. 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. 14. NAME           |                                                                   |
| 15. 15. STREET ADDRESS |                                                                   |
| 16. 16. CITY, ST., ZIP |                                                                   |
| 17. 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. 18. NAME           |                                                                   |
| 19. 19. STREET ADDRESS |                                                                   |
| 20. 20. CITY, ST., ZIP |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the incorporator or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report, or on an attachment to this report.

SIGNATURE:

(Print name and address of person signing this statement)

Richard J. Smithson

Feb 22 1995 (703) 658-2423