

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F07089** (8)
1. Corporation Name
ANCHOR ENGINEERING CONSULTANTS, INC.



Principal Place of Business
**4091 COLONIAL BLVD.
SUITE #100
FORT MYERS FL 33912
US**

Mailing Address
**4091 COLONIAL BLVD.
SUITE #100
FORT MYERS FL 33912-1000
US**

3. Date Incorporated or Qualified
11/04/1980

3a. Date of Last Report
02/20/1996

4. FEI Number
61-0981067

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**LEWIS, RICHARD G.
4091 COLONIAL BLVD.
SUITE #100
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ELY, GEORGE M.	
STREET ADDRESS	620 EUCLID AVE.	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARROTT, GEORGE D.	
STREET ADDRESS	620 EUCLID AVE.	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FECITT, DAVID G.	
STREET ADDRESS	129 SW 54TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD G.	
STREET ADDRESS	13590 ADMIRAL COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	LEWIS, VICKIE L.	
STREET ADDRESS	13590 ADMIRAL COURT	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, EDELL T.	
STREET ADDRESS	68 SOUTH MAIN ST	
CITY-ST-ZIP	WINCHESTER KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	872 Robin Road
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	

14. I do 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.

SIGNATURE: Richard G. Lewis 2/12/97 941/936-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

February 12, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: Corporation Annual Report 1997
Attachment of Additional Officers and Directors
Block #13

Title: T/D
Name: Robert L. Baldwin
Address: 116 South Highland
Winchester, KY

Title: V
Name: Lawrence M. Williams
Address: 1228 Archdale Street
Lehigh Acres, FL

Title: V/D
Name: Michael E. Lastovica
Address: 634 Astarias Circle, SW
Fort Myers, FL