FILED Apr 14, 1999 8:00 am Secretary of State

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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**

 Corporation 	MENT # F15009 NGINEERS, INC.						
Principal Place	of Rusiness	Mailing Address			T (MOTERN CIAN CIAN DENTE DENTE DENTE DENTE DENTE DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COM	A MCBIL BINCI BIBIL GI	BII (1811 (881
Principal Place of Business 120 PARKSIDE DR SE WINTER HAVEN FL 33884		120 PARKSIDE DR SE WINTER HAVEN FL 33884		DO NOT WRITE IN TH	HIS SPACE		
US	-	03			3. Date Incorporated or Qualifed		
					01/15/1981		ĺ
2. Principal PI	ace of Business	2a. Mailing Address		_	4. FEI Number	App	lied For
21	•	26			59-2028731		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
	المستخدم المعارض المعا	27	- , ,		0, 00, 100, 100, 100, 100, 100, 100, 10	- Fee Req	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 N	
23		28	Country	<u> </u>	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	- ·		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current	29 3	<u> </u>	_	10. Name and Address of New Registere		
	5. Name and Address of Current	Trogistarea Agent	81	Name			
	., GARTH L		00	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		·····
2920 WINTER LAKE RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33801			83				
			84	City	-	. 85 Zip C	ode
				1		L	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	st Florida. Such change was auti	nonzea by	the corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its r pointment as reg	egistered istered
	Signature, typed or printed name of registered agent			nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	2S IN 12
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	STD BELL CARTHI		1.2 NAME			_ ,	_
NAME	BELL, GARTH L 4840 DETER ROAD		1	TADDRESS			
STREET ADDRESS	1.45 1.45 51		1.4 CITY-S				
CITY-ST-ZIP	PD	☐ DELETE 2		1-2.11		Change	Addition
NAME	LANGBEIN, CHARLES E JR		2.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	A STATE OF THE STA		2. 4 CITY-S				
TITLE		☐ DELETE 3.1			·	☐ Change	Addition
NAME	·		3.2 NAME		<u> </u>		
STREET ADDRESS			3.3 STREE	T ADDRESS	•		
CITY-ST-ZiP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			□ ousuge	, 10011011
NAME			l	TADDRESS (
STREET ADDRESS	٠.,		5.4 CITY-S	1			
CITY-ST-ZIP		DELETE	6.1 TITLE	1,-21		☐ Change	Addition
TITLE			6.2 NAME				_
NAME	,	9	l	T ADDRESS			

CITY-ST-ZIP-14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

EXNGBEINUR PRES 4/8/99

CR2E034 (11/98)