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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:25

DOCUMENT # **F19607** **(3)**

1. Corporation Name
**PIMM-WOODS ENGINEERING CO.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2906 NO FLORIDA AVE<br>TAMPA FL 33602-1531<br>US | PO BOX 683<br>ST PETERSUBRG FL 33731-0683<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1981
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2076606 ☐ 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

9. Name and Address of Current Registered Agent

KENT, LEWIS H.
299 9TH STREET NORTH
ST PETERSBURG FL 33731-0683

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 1.1 TITLE | S (ASSISTANT SECRETARY) | ☐ Change ☒ Addition |
| NAME | LOTT, MARTIN T. | 1.2 NAME | WEDDING, JUNE A. | |
| STREET ADDRESS | 299 NINTH STREET NORTH | 1.3 STREET ADDRESS | 299 9TH ST. NORTH | |
| CITY-ST-ZIP | ST PETERSBURG, FL 0 | 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33701 | |
| TITLE | VD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WOODS, STEVEN M. | 2.2 NAME | | |
| STREET ADDRESS | 299 NINTH STREET NORTH | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 0 | 2.4 CITY-ST-ZIP | | |
| TITLE | PD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KENT, LEWIS H. | 3.2 NAME | | |
| STREET ADDRESS | 299 NINTH STREET NORTH | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 0 | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | 4.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BAYLESS, ROBERT P. | 4.2 NAME | WISE, GEORGE G. | |
| STREET ADDRESS | 299 NINTH STREET NORTH | 4.3 STREET ADDRESS | 299 9TH ST. NORTH | |
| CITY-ST-ZIP | ST PETERSBURG, FL 0 | 4.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33701 | |
| TITLE | TD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILBER, ROBIN S. | 5.2 NAME | | |
| STREET ADDRESS | 299 NINTH STREET NORTH | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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)(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:** Lewis H Kent Pres. Lewis H. Kent 1/23/95 813/822-4317
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

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