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FILED

Apr 09 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 # **F22258** (0)

1. Corporation Name  
**CONKLIN, PORTER & HOLMES-ENGINEERS, INC.**

Principal Place of Business

**500 W FULTON ST  
SANFORD FL 32771-1220  
US**

Mailing Address

**500 W FULTON ST  
SANFORD FL 32771-1220  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**03/06/1981**

3a. Date of Last Report

**04/03/1996**

4. FEI Number

**59-2068806**

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

**PORTER, PAUL E.  
500 WEST FULTON STREET  
SANFORD FL 32771**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GIERACH, DAVID A</b>	
STREET ADDRESS	<b>285 STRATFORD COURT</b>	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PORTER, PAUL E.</b>	
STREET ADDRESS	<b>2118 PARK AVE.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HOLMES, WILLIAM R.</b>	
STREET ADDRESS	<b>543 CORNWALL</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, LINDA M.</b>	
STREET ADDRESS	<b>108 MAPLEWOOD DR.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BRANCH, JAMES C.</b>	
STREET ADDRESS	<b>1028 NORMANDY</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ZAUDTKE, TERRY M.</b>	
STREET ADDRESS	<b>157 MILLS RUN DR.</b>	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Khosravan, Kamran</b>	
1.3 STREET ADDRESS	<b>1724 Cedar Stone Ct.</b>	
1.4 CITY-ST-ZIP	<b>Lake Mary, FL 32746</b>	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Hunter, James N.</b>	
2.3 STREET ADDRESS	<b>990 Stonewood Ln.</b>	
2.4 CITY-ST-ZIP	<b>Maitland, FL 32751</b>	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Steeves, Kenneth L.</b>	
3.3 STREET ADDRESS	<b>625 Greencove Tr. #121</b>	
3.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Foxworth, D.M.</b>	
4.3 STREET ADDRESS	<b>RT2 - Box 101-2</b>	
4.4 CITY-ST-ZIP	<b>Reliance, TN 37369</b>	
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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071367

CR2E034 (9/96)