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May 06 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 # F36657 (7)

1. Corporation Name  
HCE ENGINEERING, INC.

Principal Place of Business  
1900 5TH ST  
P.O. BOX 3036  
WINTER HAVEN FL 33881

Mailing Address  
1900 5TH ST  
P.O. BOX 3036  
WINTER HAVEN FL 33881



3. Date Incorporated or Qualified 07/01/1981  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2092936		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		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

MIXON, GERALD M  
1900 5TH ST  
WINTER HAVEN FL 33880

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	MIXON, KEITH D	1.2 NAME	
STREET ADDRESS	3281 SR 546, E	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAINES CITY FL	1.4 CITY - ST - ZIP	
TITLE	TS	2.1 TITLE	
NAME	LONG, ELOISE	2.2 NAME	
STREET ADDRESS	4605 HUNT ROAD 116 LICHTEN WALTER	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	MIXON, GERALD M	3.2 NAME	
STREET ADDRESS	1900 5TH ST N W	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: ELOISE LONG 4-28-97 941-894-8856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)