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Apr 22 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 # F86763 (2)
1. Corporation Name
PATRICK JAMES ENGINEERING, INC.

Principal Place of Business
1064 WILD CHERRY LANE
WEST PALM BCH. FL 33414-7804

Mailing Address
1064 WILD CHERRY LANE
WEST PALM BCH. FL 33414-7804



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1982		3a. Date of Last Report 03/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0109041		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCLUNG, MICHAEL M. 1064 WILD CHERRY LANE WEST PALM BEACH FL 33414				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]* Pres. 16 April 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	VT
NAME	MCCLUNG, MICHAEL M.	1.2 NAME	MCCLUNG JOSEPH P.
STREET ADDRESS	1064 WILD CHERRY LANE	1.3 STREET ADDRESS	461 W. PARK AVE
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	VT	2.1 TITLE	
NAME	ZUCCALA, JOANN	2.2 NAME	
STREET ADDRESS	1032 CORAL CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	MCCLUNG JOSEPH P.	3.2 NAME	
STREET ADDRESS	461 W. PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	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 attached list with an address.

SIGNATURE: *[Signature]* 16 April 1997 561-697-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)