

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 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 # **F89451** (1)
1. Corporation Name
SHATRAW AND OERTEL, CONSULTING ENGINEERS, P.A.



Principal Place of Business
**SHATRAW & OERTEL
2700 N. MACDILL AVE., STE 220
TAMPA FL 33607-273
US**

Mailing Address
**2700 N. MACDILL AVE.
STE 220
TAMPA FL 33607-2273
US**

3. Date Incorporated or Qualified
07/06/1982

3a. Date of Last Report
04/19/1996

2. Principal Place of Business
21 **1914 CANDLESTICK CT.**
Suite, Apt. #, etc.
22
City & State
23 **LUTZ, FLORIDA**
Zip Country
24 **93549** 25 **U.S.**

2a. Mailing Address
26 **1914 CANDLESTICK CT.**
Suite, Apt. #, etc.
27
City & State
28 **LUTZ, FLORIDA**
Zip Country
29 **93549** 30 **U.S.**

4. FEI Number
59-2207729

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

**SHATRAW, WHALEN D.
2700 N. MACDILL AVE.
STE 220
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name
SHATRAW, WHALEN D.

82 Street Address (P.O. Box Number is Not Acceptable)
1914 CANDLESTICK CT.

83

84 City
LUTZ

85 Zip Code
FL 33549

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 type: 1 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SHATRAW, WHALEN D	
STREET ADDRESS	1914 CANDLESTICK COURT	
CITY - ST - ZIP	LUTZ FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	OERTEL, ERIC S.	
STREET ADDRESS	1905 OLD SAWMILL ROAD	
CITY - ST - ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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: **WHALEN D. SHATRAW**

1-03-97 813-870-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)