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95 APR 18 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F90759

(4)

1. Corporation Name

EDS ENGINEERS, INC.

Principal Place of Business

**841 BREWER AVE.
P.O. BOX 3182
PORT CHARLOTTE FL 33949**

Mailing Address

**841 BREWER AVE.
P.O. BOX 3182
PORT CHARLOTTE FL 33949**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/15/1982

3a. Date of Last Report
03/18/1994

2. Principal Place of Business

21 **23105 Brewer Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Port Charlotte, FL

28 City & State

29 Zip

24 Zip

33980

25 Country

USA

29 Zip

30 Country

4. FEI Number

59-2209500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**MORA, PEDRO F
841 BREWER AVE.
PORT CHARLOTTE FL 33980**

10. Name and Address of New Registered Agent

81 Name

MORA, CARMEN O.

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

23105 BREWER AVE

83

84 City

Port Charlotte

FL

85 Zip Code

33980

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

Carmen O. Mora

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**STD
MORA, CARMEN C
841 BREWER AVE.
PORT CHARLOTTE, FL 0**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PD
MORA, PEDRO F
841 BREWER AVE.
PORT CHARLOTTE, FL 0**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

**P/S
MORA, CARMEN C.
23105 BREWER AVE
PORT CHARLOTTE, FL 33980**

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

**MORA, PEDRO F
NO LONGER OFFICER**

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carmen O. Mora
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

April 14, 1995
 (Date) (Day/Month/Year)

813-627-3337