Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90033 001 \*\*\*158.75

## 

1-5-99 314-770-4770

DOCUMENT # F9300000352

Country

9. Name and Address of Current Registered Agent

25

C.T. CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD.

SVERDRUP CIVIL, INC.

Principal Place of Business 13723 RIVERPORT DR. MARYLAND HEIGHTS MO 63043

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13723 RIVERPORT DR. MARYLAND HEIGHTS MO 63043

> DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

01/14/1993

43-1621641

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

4. FEI Number

PLANTATION FL 33324				000	or routess (F.O. Box Number is Not Acceptable)			
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,11 Pursua	int to the provisions of Sections 607.0502 and in registered agent, or both, in the State of Flori I am familiar with, and accept the obligations of	807 1608 Florida Ot 1					Code	
Office o	or registered agent, or both, in the State of Flori	da. Such change was a	es, the above athorized by	-named	d corporation submits this statement for the	e purpose of changing its	s registered	
	, 3===	f, Section 607.0505, Flor	ida Statutes.	ine cont	polation's board of directors. I hereby acce	ept the appointment as re	gistered	
SIGNATUR	E Signature, typed or printed name of registered agent and title	<u>.                                    </u>			•			
12.	OFFICERS AND PIRE	Registered Agent	signature	required when reinstating), ξ j ( j, j, j, j	DATE	_ <del>`</del> `		
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TREET ADDRESS	881 MEADOW VIEW		6.2 NAME			onengo		
TY-ST-ZIP	COLUMENTO II COCC		6.3 STREET ADD	RESS			1	
4. I hereby c	COLUMBIA IL 62236		6.4 CITY-ST-ZIF				ł	
indicated of	ertify that the information supplied with this filin on this annual report or supplemental annual re director of the corporation or the receiver or trus	g does not qualify for the	exemption :	stated in	in Section 119.07(3)(i) Florida Statutas 14	inthan - sie it in	·	
Officer or of Block 12 of	on the information supplied with this filin on this annual report or suppliemental annual re lifector of the corporation or the receiver or trus or Block 13 if changed, or on an attachment with	stee empowered to exec	and that my	signati	ure shall have the same legal effect as if n	nade under oath; that I a	rmation m an	
2.001. 12.0	in Block 13 if changed, or on an attachment with	h an address, with all oth	er like empo	vered.	quired by Chapter 607, Florida Statutes; a	nd that my name appear	rsin	
SIGNATURE:								

Country

Name

30