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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF DOCUMENT # F93000001777 (2)

TVGA ENGINEERING, SURVEYING, P.C. Principal Place of Business Mailing Address 1000 MAPLE RD PO BOX H **ELMA NY 14059 ELMA NY 14059** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-1428153 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 囡 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intaggible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST 82 Street Address (P.O. Box Number is Not Acceptable) **STE 105** 83 TALLAHASSEE FL 32301 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statules, 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TILLE LEHR, RICHARD A NAME 1.2 NAME 101 BUFFALO ROAD STREET ADDRESS 1.3 STREET ADDRESS EAST AURORA NY 14052 CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE BENNETT, DOUGLAS A NAME 2.2 NAME 665 SCHOELLKOPF ROAD STREET ADDRESS 2.3 STREET ADDRESS COWLESVILLE NY 14037 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MICHAEL F LEYDECKER NAME 3.2 NAME 1 CONCORD DRIVE STREET ADDRESS 3.3 STREET ADDRESS ORCHARD PARK NY 3.4. CITY - ST- ZIP CiTY-ST-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 eath, that I am an officer or director of the corporation or the receiver of the stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, by on an address

6.4 CITY-ST-ZIP

16.655 8947

**FILED** 

Apr 07 1998 8:00am

Secretary of State