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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90034 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004402

1. Corporation Name

CHP & ASSOCIATES, CONSULTING ENGINEERS, INCORPORATED

Principal Place of Business

7660 WOODWAY
SUITE 400
HOUSTON TX 77063-518
US

Mailing Address

7660 WOODWAY
SUITE 400
HOUSTON TX 77063-518
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

74-1887135

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

THOMPSON, MICHAEL W
CHP & Associates, Consulting Engineers, Inc. - FL
10510 Winderly Pl. Suite 101
Maitland, FL 32751

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POOLE, GARY Y	
STREET ADDRESS	7660 WOODWAY SUITE 400	
CITY-ST-ZIP	HOUSTON TX 77063-1518	
TITLE	STVP	<input type="checkbox"/> DELETE
NAME	DICKSON, RICHARD L	
STREET ADDRESS	7660 WOODWAY, SUITE 400	
CITY-ST-ZIP	HOUSTON TX 77063-1518	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRANT, PATRICK C	
STREET ADDRESS	7660 WOODWAY SUITE 400	
CITY-ST-ZIP	HOUSTON TX 77063-1518	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KOOP, FREDERICK W	
STREET ADDRESS	7660 WOODWAY, SUITE 400	
CITY-ST-ZIP	HOUSTON TX 77063-1518	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SABRSULA, LARRY G	
STREET ADDRESS	7660 WOODWAY, SUITE 400	
CITY-ST-ZIP	HOUSTON TX 77063-1518	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)