

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94000002379 (5)**

1. Corporation Name

**ANDRESS ENGINEERING ASSOCIATES, INCORPORATED**



Principal Place of Business Mailing Address  
P.O. BOX 43387 BIRMINGHAM AL 35243

3. Date Incorporated or Qualified **05/09/1994** 3a. Date of Last Report **06/12/1995**  
4. FFI Number **63-0524674** 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

2. Principal Place of Business 2a. Mailing Address  
21 **ALABASTER, ALABAMA** 26 Suite, Apt. #, etc.  
22 **131 AIRPARK INDUS. RD.** 27 **131 AIRPARK INDUS. RD.**  
City & State City & State  
23 **ALABASTER, ALABAMA** 28 **ALABASTER, ALABAMA**  
Zip Country Zip Country  
24 **35007** 25 **U.S.A.** 29 **35007** 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**FOSTER, SCOTT**  
**909 MAR WALT DR.**  
**SUITE 1014**  
**FT. WALTON BEACH FL 32547**

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 or director, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, THOMAS R	
STREET ADDRESS	4408 OVERLOOK RD.	
CITY- ST- ZIP	BIRMINGHAM AL 35222	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HINTON, GRADY E	
STREET ADDRESS	405 ADOBON DR., SOUTH	
CITY- ST- ZIP	SATSUMA AL 36572	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAJORS, CARL R	
STREET ADDRESS	2380 AMBERBROOK DR., S.W.	
CITY- ST- ZIP	CONYERS GA 30208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, DAVID B	
STREET ADDRESS	3533 RONLEA DR.	
CITY- ST- ZIP	BIRMINGHAM AL 35243	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 manager 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 affidavit with an address.

SIGNATURE: \_\_\_\_\_ RES. 4/1/96 205/620-9777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)