

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90058 011 ***150.00

DOCUMENT # F94000002379

1. Entity Name

ANDRESS ENGINEERING ASSOCIATES, INCORPORATED

932790



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business ALABASTER, ALABAMA 131 AIRPARK INDUS RD ALABASTER AL 35007 US | Mailing Address P.O. BOX 43387 131 AIRPARK INDUS RD ALABASTER AL 35007 US |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 63-0524674 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent FOSTER, SCOTT 909 MAR WALT DR. SUITE 1014 FT. WALTON BEACH FL 32547 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|--|---|
| TITLE PTD | <input type="checkbox"/> Delete ARMSTRONG, THOMAS R STREET ADDRESS 4408 OVERLOOK RD. CITY-ST-ZIP BIRMINGHAM AL 35222 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD | <input type="checkbox"/> Delete HINTON, GRADY E STREET ADDRESS 405 AUDOBON DR., SOUTH CITY-ST-ZIP SATSUMA AL 36572 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD | <input type="checkbox"/> Delete MAJORS, CARL R STREET ADDRESS 2380 AMBERBROOK DR., S.W. CITY-ST-ZIP CONYERS GA 30208 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D | <input type="checkbox"/> Delete STEWART, DAVID B STREET ADDRESS 3533 RONLEA DR. CITY-ST-ZIP BIRMINGHAM AL 35243 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: *Thomas R. Armstrong, P.T.S.* **3/14/01** **205-620-9777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)