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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F95000000792 (0)

SHOOLBRED ENGINEERS, INC.

## **FILED** Feb 24 1998 8:00am Secretary of State



Principal Plac	ce or Business	Mailing Address	ling Address			
P.O. BOX 831 CHARLESTON SC 29402		P.O. BOX 831 Charleston SC 29402		DO NOT HIDITE IN THIS	204.05	
					DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualified	
		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			02/16/1995	<u></u>
_	Piace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite Apt # oto		26			57-0566114	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
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 curr	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Registered	Agent
	CORPORATION SYSTEM		81	Name		
1200 S. PINE ISLAND RD. PLANTATION FL 33324			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
			83	1		
			84	City		Tarl 7:- 0-1-
			04	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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						
SIGNATURE						
	Signature, typical or printed name of registered lage			en: signature requ	uired when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	L DELETE	1.1 TITLE			Change Addition
NAME	SHOOLBRED, ROBERT A		1.2 NAME			
STREET ADDRESS	1195 AMBLING WAY		13 STREET	ADDRESS		
CITY-ST-ZIP	MT. PLEASANT SC 29464	·	1.4 C/TY-9	ST - ZIP		
TITLE	D	☐ DELETE	21 TIFLE			☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM K		2.2 NAME			
STREET ADDRESS	5 COCHRAN COURT		2.3 STREET	ADDRESS		ĺ
CITY-ST-ZIP	CHARLESTON SC		2. 4 CITY -	ST-ZIP		
TITLE	D	☐ DELETE	3.1 TIFLE			☐ Change ☐ Addition
NAME	Stelling, James M		3.2 NAME			
STREET ADDRESS	221 WANDOLER DR		3.3 STREET	ADDRESS		
CITY-ST-ZIP	MT PLEASANT SC		3.4. CITY - :	ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE			Change Addition
NAME	MOORE, JOHN M JR		4 2 NAME			
STREET ADDRESS	314 HAMLETT RD.		4.3 STREET	ADDRESS		
CITY - ST - ZIP	SUMMERVILLE SC 29483		4.4 CITY - S	1 - ZIP		
TITLE	DC	DELETE	5 1 TITLE			Change Addition
NAME	USSERY, D W		5.2 NAME			
STREET ADDRESS	1411 SCHOOL HOUSE RD.		5.3 STREET	ADDRESS		
CITY-ST-ZIP	MT. PLEASANT SC 29464		5.4 CITY - S	T - ZIP		
TITLE	D	DELE <b>te</b>	6.1 TITLE	<u> </u>	·····	Change Addition
NAME	MURRAY, JAMES C		6.2 NAME			
STREET ADDRESS	1890 MILFORD STREET		6.3 STREET	ADDRESS		j
CITY-ST-ZIP	CHARLESTON SC		6.4 CITY - S			
Unit Of En			0.71117.3	. 20		

14. Thereby 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