

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

FILED

May 01 1996 8:00 am  
Secretary of State

DOCUMENT # F95000005620 (8)

1. Corporation Name

MID-SOUTH CONSULTING ENGINEERS, INC.

Principal Place of Business

3901 ROSE LAKE DR.  
CHARLOTTE NC 28217

Mailing Address

3901 ROSE LAKE DR.  
CHARLOTTE NC 28217



3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 11145

22

City & State

27

City & State

23

Zip

Country

28

Charlotte, N.C.

24

25

29

28220

30

Country

4. FEI Number

56-0714172

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WILLIAMS, JOEL O  
STREET ADDRESS 237 RIDGEWOOD AVE.  
CITY-ST-ZIP CHARLOTTE NC 28209

1.1 TITLE

Treasurer

☐ Change

☒ Addition

TITLE VD ☐ DELETE

NAME BERRY, SAMUEL C  
STREET ADDRESS 3032 SADLER RD.  
CITY-ST-ZIP CHARLOTTE NC 28208

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME THAXTON, DENNIS E  
STREET ADDRESS 8108 STONEMILL CT.  
CITY-ST-ZIP CHARLOTTE NC 28226

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME PAYNE, ROBERT T  
STREET ADDRESS 8108 STONEMILL CT.  
CITY-ST-ZIP CHARLOTTE NC 28226

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME HUNT, DAVID N  
STREET ADDRESS 9524 WHIE HEMLOCK LANE  
CITY-ST-ZIP CHARLOTTE NC 28270

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME FOWLER, JOY P  
STREET ADDRESS 2703 NEW HAMLIN WAY  
CITY-ST-ZIP CHARLOTTE NC 28210

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Susan B. Smith  
112 Dogwood Lane  
Fort Mill, S.C. 29715

☐ Change

☐ Addition

600001819318  
-05/14/96--01022--010  
\*\*\*200.00

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ 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 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.

SIGNATURE:

Susan G. Smith Susan G. Smith

3/31/96

704/357-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treasurer

CR2E034 (12/95)

5/1/96