

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/16/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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
NAME WILLIAMS, JOEL O
STREET ADDRESS 237 RIDGEWOOD AVE.
CITY-ST-ZIP CHARLOTTE NC 28209

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

327 Hawks Moor Court
Charlotte, NC 28262

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

1808 Cloister Drive
Charlotte, NC

☒ Change ☐ Addition

28211

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)