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Jul 01, 1999 8:00 am Secretary of State

07-01-1999 90006 039 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005620) 1. Corporation Name

MID-SOUTH CONSULTING ENGINEERS, INC.

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Principal Place		Mailing Address					
3901 ROSE LAKE DR. 3901 ROSE LAKE DR							
CHARLOTTE NC 28217 CHARLOTTE NC 28217 US					DO NOT WRITE IN THIS SPACE		
		00			3. Date Incorporated or Qualifed		
					11/16/1995		
Principal Place of Business Za. Mailing Address					4. FEI Number		Applied For
21		26			56-0714172		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
2 27					3. Certificate of California	Fee	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be
:3		28	_		Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year		_
4	25	29	30		Personal Property Tax.	☐Yes	□No
<u>-1</u>	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
C T CORPORATION SYSTEM			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			02	Street Add	ress (1.0. dox remote to not receptable)		
PLANTATION FL 33324			83				
			84	City	i	FL 85 Zi	p Code
SIGNATURE	TOTAL	(SOATE)	Davistand Age	et e cooture requir	ed when reinstating) DATI	E	
	Signature, typed or printed name of registered a	<u> </u>	13.	ur signama redom	ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.	PDs A STATE OF THE REST	DELETE	1.1 TITLE		ADDITIONO/OTIANGES TO CITIZEN	Chang	
TITLE	WILLIAMS, JOEL O	_ occi.	1.2 NAME				_
NAME							
STREET ADDRESS	327 HAWKS MOOR CT			TADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28262	☐ DELETE	1.4 CITY-S	T-ZIP	<u> </u>	☐ Chanc	ne Additio
TITLE	VD	C) DELETE	2.1 TITLE				,
NAME	BERRY, SAMUEL C		2.2 NAME				
STREET ADDRESS	3032 SADLER RD.		1	TADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28208	T DELETE	2. 4 C/TY-	ST-ZIP		☐ Chang	e Additio
TITLE	V	☐ DELETE	3.1 TITLE			டுகொ	je
NAME	THAXTON, DENNIS E		3.2 NAME	}			
STREET ADDRESS	8108 STONEMILL CT.			TADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28226		3.4. CITY-	ST-ZIP		Chanc	ge ∏ Additio
TITLE	VD	☐ DELETE	4.1 TITLE	}		☐ custi	ge □ A00,00
NAME	PAYNE, ROBERT T		4. 2 NAME		•		
STREET ADDRESS	1808 CLOISTER DR		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28211	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-S	ST-ZIP		Chang	ge 🗌 Additio
TITLE	V	☐ DELETE	5.1 TITLE			□ cnan¢	ae ⊡ waanno
NAME	HINT DAVID N		5.2 NAME	f			

14. 1 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

9524 WHIE HEMLOCK LANE

CHARLOTTE NC 28270

2703 NEW HAMLIN WAY

CHARLOTTE NC 28210

FOWLER, JOY P

Change

Addition