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

Mailing Address

800 S. MCDONOUGH ST.

MONTGOMERY AL 36104-5053

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

800 S. MCDONOUGH ST.

MONTGOMERY AL 36104

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004720 (6)

ZGOUVAS & ASSOCIATES ENGINEERING CONSULTANTS, IN C.

9-16-96 09/16/1996 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 63-1167158 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Yes KNo 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DONOFRO, PAUL A 2910 CALEDONIA ST. Street Address (P.O. Box Number is Not Acceptable) MARIANNA FL 32446 Zip Code City 85 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 land 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12 Addition Change ☐ DELETE 1.1 TITLE THE 1.2 NAME NAME ZGOUVAS, JOHN A STREET ADDRESS 2731 FERNWAY DR 1.3 STREET ADDRESS MONTGOMERY AL 1.4 CITY - ST - ZIP CHY - S1 - Z0 DELETE Addition Change TILLE 2.1 TITLE JACKSON, BILLY G 2.2 NAME NAME: 5223 COCHRAN CR. 2.3 STREET ADDRESS STREET ADDRESS MONTGOMERY AL 2. 4 CITY-ST-ZIP City-St 26 DELETE Change Addition 3.1 TITLE TILLE ZGOUVAS, ATHOMASIOS J NAME 3.2 NAME 7525 MOSSY OAK DR. 3.3 STREET ADDRESS STREET ADDRESS MONTGOMERY AL 3.4. CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE 11"1 F 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP C-TY-ST-7IP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST 7II Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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.

J. 2400145