SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name F96000006369 (0)

ENGINEERING SERVICES GROUP, INC.

Principal Place of Business Mailing Address 1299 WEST FAIRRANKS AVE SHITE B 1299 WEST FAIRBANKS AVE. SUITE B

FILED Sep 24 1998 8:00am Secretary of State



WINTER PARK FL 32789		WINTER PARK FL 32789					DO NOT WRITE IN THIS	C DAC	~E		
						-	3. Date Incorporated or Qualified	G FAL	<u></u> -		
							-				
9 Principal C	Place of Business	2a. Malling Address					12/06/1996 4. FEI Number	-		مناحد م	
		J Address					- }-			ed For	
21 Cuita Ant	# -10	Suite, Apt. #, etc.					59-3401393				pplicable
Suite, Apt.		27					5. Certificate of Status Desired		./5 Fee F		litional ired
City & Stat	le	City & State				8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Cour	ntry	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24	9. Name and Address of Curren	29	30				Personal Property Tax due June 30. 10. Name and Address of New Registered A			N	
	· · · · · · · · · · · · · · · · · · ·	r wadistelen wäellf		81	Nı	lame	To. Name and Address of New Registered	Ment			
	TH, JAMES L		ł	٠./	'''	01110					
) W. Fairbanks ave. Suite B Ter Park FL 32789		Ī	82	Street Address (P.O. Box Number is Not Acceptable)						
****	ILITA PARK I E UZI UU		Ì	83			-				
			f	84	Cit	ity	F:	85	Zip	Cod	le
					L		<u> </u>				
agent. I :	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, section 607.0505, FI	authorized orida Statu	by Ites	the	corporation's	ion submits this statement for the purpose of che s board of directors, I hereby accept the appoin	tmeni	asr	egist	ered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (N	OTE: Registere	ed Ag	gent s	signature required	when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	DIF	ECT	ORS	IN 12
TITLE	PCDV	DELETE	1.1 TITI	LΕ				Çŧ	nange		Addition
NAME	SMITH, JAMES L		1.2 NA	ИE					٠		_
STREET ADDRESS	5177 TALLOW WOOD CT.		1.3 STR	EET	ADDR	RESS					
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CIT	Y-ST-	-ZIP	.					
TITLE	ST	DELETE	2.1 TITI					CH	nange		Addition
NAME	SMITH, JAMES L		2.2 NAM	ΔE			.		ungo	L	3 1/00/I/I/I/I
STREET ADDRESS	5177 TALLOW WOOD CT.			2.3 STREET ADDRESS		DECC					
	ORLANDO FL 32808		2.4 CITY-ST-ZIP								
CITY-ST-ZIP	OILDANGO FE S2000	DELETE			-ZIP						1
NAME	L DELETE			.E			L	J Ch	ange	L	Addition
			3.2 NAA		100-	Dran					
STREET ADDRESS			3.3 STR			XE85					
CITY-ST-ZIP			3.4 CIT		-ZIP			-		_	1
TITLE		DELETE	4.1 TITL				L	Ch	ange	L	Addition
NAME	;		4.2 NA								
STREET ADDRESS	,		4.3 STR			RE\$S					
CITY-ST-ZIP			4.4 CIT		-ZIP						
TITLE] DELETE	5.1 TITL	Ε.			L	_] Ch	ange	L	Addition
NAME			5.2 NAM	Æ							
STREET ADDRESS			5.3 STR	EET/	ADDR	RESS					
CITY-ST-ZIP			5.4 CHY	/-ST-	-ZIP						
TITLE		DELETE	6.1 TITL	E				Ch	ange		Addition
NAME		 ::-=	6.2 NAM	Æ			-		,	_	
STREET ADDRESS			6.3 \$TR	EET A	ADDR	RESS					
CITY-ST-ZIP			6.4 CITY								
	artify that the information supplied with	this filing does not qualify for t				ted in section	119.07(3)(i), Florida Statutes. I further certify th	at the	info	rmati	ion

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: