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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97354**

(7)

BUSSEN-MAYER ENGINEERING GROUP, INC Mailing Address Principal Place of Business 100 PARNELL STREET 100 PARNELL STREET P O BOX 540429 P O BOX 540429 MERRITT ISLAND FL 32954-0429 MERRITT ISLAND FL 32954-7429 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1982 01/29/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-2222176 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State **Trust Fund Contribution** П Added to Fees 23 26 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MAYER, JOSEPH, W 4251 CROOKED MILE RD Street Address (P.O. Box Number is Not Acceptable) 82 MERRITT ISLAND FL 32952 83 Zip Code 84 City 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. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signerule: typed or printed name of registered agent and atteil applicable (NOTE: Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. Change Addition PDS ☐ DELETE TRUE 1.1 TITLE MAYER, JOSEPH W 1.2 NAME NAME 4251 CROOKED MILE RD 1.3 STREET ADDRESS STREET ACCRESS MERRITT ISLAND FL 1.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE LILE 2.1 TITLE DENNINGHOFF, JOHN P MAME 2.2 NAME 100 PARNELL ST. STREET ADORESS 2.3 STREET ADDRESS MERRITT ISLAND FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 3.1 TITLE Talle CABANISS, J. B 32 NAME NAME 100 PARNELL ST **3.3 STREET ADDRESS** STREET ADDRESS MERRITT ISLAND FL 3.4. City-St-ZiP CHY-SI-709 DELETE Change Addition 4.1 TITLE 111116 CAZESSUS, MARCO P 4.2 NAME NAME 100 PARNELL ST 4.3 STREET ADORESS STREET ADDRESS MERRITT ISLAND FL O3Y-51-70 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE THE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS COTY-ST ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition 1016 6.2 NAME N4.4i 6.3 STREET ADDRESS STHEET ALORESS 6.4 CITY-ST-ZIP 14. I do hereby certily 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 arrival 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

SIGNATURE:

RE AND TYPED OR DRING BY NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

01/07/97

453-0010 Oaylinie Phone #

APPROVED

97 JAN 16 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA