

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 032 ***150.00

DOCUMENT # F98000002446

1. Corporation Name

GPWD CONSULTING ENGINEERS, INC.



Principal Place of Business

3330-A GWINNETT PLANTATION WAY
DULUTH GA 30096

Mailing Address

3330-A GWINNETT PLANTATION WAY
DULUTH GA 30096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

58-1451537

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **90 MLK JR. Blvd**

Suite, Apt. #, etc.

22 **Suite A-10**

City & State

23 **MACON, GA**

Zip

24 **31201**

Country

25 **USA**

2a. Mailing Address

26 **90 MLK JR. Blvd.**

Suite, Apt. #, etc.

27 **Suite A-10**

City & State

28 **MACON, GA**

Zip

29 **31201**

Country

30 **USA**

9. Name and Address of Current Registered Agent

THOMAS, BILL
800 BIG TREE ROAD
DAYTONA FL 32119

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **DAVENPORT, W. A**
STREET ADDRESS **2968 KELLY COURT**
CITY-ST-ZIP **LAWRENCEVILLE GA 30244**

TITLE **V** ☐ DELETE
NAME **TUTTLE, EDWIN H**
STREET ADDRESS **4707 ASHFORD CLUB DRIVE**
CITY-ST-ZIP **DUNWOODY GA 30338**

TITLE **S** ☐ DELETE
NAME **GANN, JAMES D**
STREET ADDRESS **104 SADDLE RUN COURT**
CITY-ST-ZIP **MACON GA 31210**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **HARMON, THOMAS E.**
1.3 STREET ADDRESS **183 CARRIAGE WAY**
1.4 CITY-ST-ZIP **MACON, GA 31210**

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

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

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

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

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

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas E. Harmon President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

912-755-1313
Daytime Phone #

CR2E034 (11/98)