PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28190

BURDICK ENGINEERING & SCIENCE, INC.

Principal Place of Business Mailing Address 18530 LAKE IDLA RD 18530 LAKE IOLA RD SUITE A SUITE A DO NOT WRITE IN THIS SPACE DADE CITY FL 33523 DADE CITY FL 33523 3. Date Incorporated or Qualifed 03/16/1983 4, FEI Number 2a, Mailing Address Applied For 2. Principal Place of Business 59-2262492 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Zip ☐ Yes. _Personal Property Tax._ 25 to. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BURDICK, GLENN A. 82 Street Address (P.O. Box Number is Not Acceptable) 18728 LAKE IOLA RD DADE CITY FL 33523 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. 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 applica gistared Agent signature required w CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE VicebBnesidentdick TITLE BURDICK, GLENN A. 1.2 NAME NAME Stephen A. Burdick 18728 LAKE IOLA RD 18728 Lake Dade City 1.3 STREET ADDRESS STREET ADDRESS Iola Road DADE CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP (SVX Sec & Tres. BURDICK, JOYCE M. Change Addition OELETE 2.1 TITLE TITLE 22 NAME NAME 18728 LAKE IOLA RD 2.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 41.THLE m e 4.2 NAME 4.3 STREET ADDRESS STREET ANDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 51 MTE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CRY- 87- ZP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE NAME 6.3 STREET ADDRESS STREET ADDRESS

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 12 or Block 13 if changed or on an attachment with an address, with all amplifies empowered.

SIGNATURE:

358-5266 Osytome Princes

Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90060 039 ***150.00