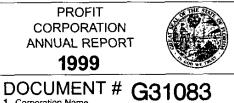
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90033 044 \*\*\*150.00

s consulting engineers, Inc.	

AHIHUH	K. PETERS CONSULTING	G ENGINEERS, INC.						
Principal Place	e of Business	Mailing Address						
4051 NW 43RD	STREET	4051 NW 43RD STREET						
SUITE 31 GAINESVILLE F	1 22606	Suite 31 Gainesville FL 32606				DO NOT WRITE IN THIS	SPACE	
US	L 32006	US				3. Date Incorporated or Qualifed 04/01/1983		
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21	add of Business	26				59-2287539	H,	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee F	Required
City & State	e	City & State				6. Election Campaign Financing	- \$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		intry	1	8. This corporation owes the current year Int		C741-
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curi	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
מער	ISTMANN, THOMAS G.			["]	Name			
527	EAST UNIVERSITY AVE (PO B	BOX 1070)		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
GAIN	IESVILLE FL 32602			83				
				84	City		85 Zip	Code
				1		FL reporation submits this statement for the purpose of	.     _	
SIGNATURE	Signature, typed or printed name of registered a	- <del>y</del>		Agen	nt signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.		AND DIRECTORS	13.	m =		ADDITIONS/CHANGES TO OFFICERS AT	Change	
TITLE	STD Peters, Sandra C		1.2 N		}			-
NAME	5422 NW 92ST BLVD				T ADDRESS			
STREET ADDRESS	GAINESVILLE FL 32653			TY-S	1			
CITY-ST-ZIP TITLE	PD	☐ DELETE	2,1 17	_	1-211		☐ Change	Addition
NAME	PETERS, ARTHUR K		2.2 N					
STREET ADDRESS	5422 NW 91ST BLVD				TADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653				ST-ZIP			
TITLE	CARRESTILLE 1 L GEOGG	☐ DELETE	3.1 11		, - <u>Z</u> ii		Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 \$	TREET	TADDRESS			
CITY-\$T-ZIP		_	3.4 (	HTY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TI	ITLE			Change	Addition
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 S	TREET	TADDRESS			
CITY-ST-ZIP			44C	ITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 Ti		1		☐ Change	Addition
NAME			5.2 N					
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP			Additio-
TITLE		☐ DELETE	6.1 TI				☐ Change	Addition
NAME			6.2 N					
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP			6.4 C	ITY-S	T-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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: