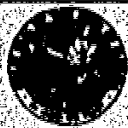


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G40343** (7)
1. Corporation Name
ROSS ESME FESSLER PATTERSON ENGINEERS, INC.

Principal Place of Business
1685 LEE ROAD STE. 235
WINTER PARK FL 32789

Mailing Address
1005 LEE ROAD, STE. 235
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1983	3a. Date of Last Report 04/18/1994
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2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number	59-2296357	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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
	☒ Yes	☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DAVID J.
808 LEOPARD TRAIL
WINTER SPRINGS FL 32708

81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City	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

(NOTE: Registered Agent signature required when returning)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROSS, DAVID J. 608 LEOPARD TRAIL WINTER SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DVC ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT FESSLER, RONALD W 1032 NODDING PINES WAY CASSELBERRY, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS TOLIA, KISHORE D. 721 BEAR CREEK CIRCLE WINTER SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DELETE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this instrument or supplemental written 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 or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of and on or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR OFFICERS

PRESIDENT

4114195

407/628-4075

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Contents

RONALD W. FEYSLER

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