## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SAND HILL ENGINEERING. INC.

## FILED Sep 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 160 SOUTH COCHRAN ROAD 160 SOUTH COCHRAN ROAD P. O. BOX 517 P. O. BOX 517 DO NOT WRITE IN THIS SPACE GENEVA FL 32732-7517 GENEVA FL 32732-7517 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1983 06/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2327225 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes **3**0 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERGUSON, D. MICHAEL 517 COCHRAN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **GENEVA FL 32732** 83 64 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 reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE FERGUSON, D. MICHAEL NAME 1.2 NAME **517 COCHRAN ROAD** STREET ADDRESS 1.3 STREET ADDRESS GENEVA FL CITY-ST-ZIP 1.4 City - St - ZiF DELETE TITLE 2.1 THILE Change Addition SKEES, MIKE A. NAME 2.2 NAME 168 S. COCHRAM RD., P.O. BOX 939 N/A STREET ADDRESS 2.3 STREET ADDRESS **GENEVA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE TITLE Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE TITLE Addition 6.1 TITLE Change NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. I do 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 profiler or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or slock 13 if charged, or on inclusivement with an address.