

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 25 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H21163 (1)**

1. Corporation Name  
**ALLIED ENGINEERS & SURVEYORS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**% RICHARD J. FAULHABER** **% RICHARD J. FAULHABER**  
**3846 CURRY FORD RD** **3846 CURRY FORD RD**  
**ORLANDO FL 32806** **ORLANDO FL 32806**  
**US** **US**

3. Date Incorporated or Qualified **09/14/1984** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2440795</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	6. This corporation has liability for intangible tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FAULHABER, RICHARD J. 252 E. STUART AVE LAKE WALES FL 33853</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMONTREE, ROBERT J.</b>	1.2 NAME	
STREET ADDRESS	<b>252 E. STUART AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WALES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIR, BRUCE M.</b>	2.2 NAME	
STREET ADDRESS	<b>5233 STONEHAM RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH CANTON OH</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, LAWRENCE D.</b>	3.2 NAME	
STREET ADDRESS	<b>18550 GALEHOUSE RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOYLESTOWN OH</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMONTREE, CHARLES F.</b>	4.2 NAME	
STREET ADDRESS	<b>3846 CURRY FORD RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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.

SIGNATURE: Charles F. Hammontree 1-26-95 211/499-8417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
Charles F. Hammontree