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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H21163 (1)

1. Corporation Name  
ALLIED ENGINEERS & SURVEYORS, INC.

Principal Place of Business  
R. James Hammontree  
% RICHARD J. FAULHABER  
3846 CURRY FORD RD  
ORLANDO FL 32806  
US

Mailing Address  
R. James Hammontree  
% RICHARD J. FAULHABER  
3846 CURRY FORD RD  
ORLANDO FL 32806-2708  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1984		3a. Date of Last Report 04/26/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2440795		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FAULHABER, RICHARD J. 252 E. STUART AVE LAKE WALES FL 33853				10. Name and Address of New Registered Agent			
81. Name R. James Hammontree				82. Street Address (P.O. Box Number is Not Acceptable) 3846 Curry Ford Road			
83. City				84. Zip Code			
Orlando				FL 32806			

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: *R. James Hammontree*  
(NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMONTREE, ROBERT J.			1.2 NAME	Hammontree, Robert J.		
STREET ADDRESS	252 E. STUART AVE			1.3 STREET ADDRESS	3846 Curry Ford Road		
CITY-ST-ZIP	LAKE WALES FL			1.4 CITY-ST-ZIP	Orlando, FL 32806		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAIR, BRUCE M.			2.2 NAME			
STREET ADDRESS	5233 STONEHAM RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH CANTON OH 44720			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, LAWRENCE D.			3.2 NAME	Bennett, Keith A.		
STREET ADDRESS	16550 GALEHOUSE RD			3.3 STREET ADDRESS	715 Marquardt Ave.		
CITY-ST-ZIP	DOYLESTOWN OH			3.4 CITY-ST-ZIP	North Canton, OH 44720		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMONTREE, CHARLES F.			4.2 NAME	Hammontree, Charles F.		
STREET ADDRESS	3846 CURRY FORD RD			4.3 STREET ADDRESS	5233 Stoneham Road		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	North Canton, OH 44720		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: *Charles F. Hammontree* 3/21/97 330/499-8817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)