

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H58983**  
Corporation Name  
**AUSTIN ENGINEERING GROUP, INC.**

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90013 046 \*\*\*558.75



Principal Place of Business  
1 S. DALE MABRY HWY  
TAMPA FL 33609

Mailing Address  
310 S. DALE MABRY HWY.  
240  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country  
30

3. Date Incorporated or Qualified

05/16/1985

4. FEI Number

59-2550916

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

8. This corporation owes the current year  
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, JERRY M.  
310 S. DALE MABRY HWY.  
SUITE 240  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
ET ADDRESS	P AUSTIN, JERRY M. 310 S. DALE MABRY HWY. SUITE 240 TAMPA FL	
ST-ZIP		
ET ADDRESS	V ROSS, THOMAS W 310 S. DALE MABRY HWY. SUITE 240 TAMPA FL	
ST-ZIP		
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: THOMAS W. ROSS

8-16-99 (813) 874-0220

CR2E034 (5/99)