FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 11 1998 8:00am

Secretary of State

DOCUMENT # H86110

(4)

DEVELOPMENT ENGINEERING RESOURCES, INC.

Principal Place of Business Mailing Address 435 B-OI AIR PARK RD 435 B-OI AIR PARK RD EDGEWATER FL 32132 **EDGEWATER FL 32132** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2615649 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🚺 Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WELLS, JERRY B. 648 S. RIDGEWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BCH. FL 32014 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Typed or profed frame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE MARTIN, JOE D. **1.2 NAME** NAME 12 WOODLAKE DR 1.3 STREET ADDRESS STREET ADDRESS PT ORANGE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 THLE FOSTER, NED R. NAME 2.2 NAME 4357 SEA COVE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **NEW SMYRNA BCH FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIF [] DELETE Change Addition TITLE 3.1 THILE MARTIN, MARY SUE NAME 3.2 NAME 12 WOODLAKE DR STREET ADDRESS 3 3 STREET ADDRESS PT ORANGE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition DELETE Change 4.1 TITLE TITLE FOSTER, BARBARA H. NAME 4. 2 NAME 4357 SEA COVE DRIVE 4.3 STREET ADDRESS STREET ADDRESS NEW SMYRNA BCH. FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. 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.