

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90083 018 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

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

DOCUMENT # **J45288**

1. Corporation Name  
**MATHERS ENGINEERING CORPORATION**



Principal Place of Business  
 C/O WILLIAM J. MATHERS  
 1111 S. FEDERAL HWY, STE 226  
 STUART FL 34994-3802  
 US

Mailing Address  
 1111 S. FEDERAL HWY  
 STE 226  
 STUART FL 34994-3802  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **2431 SE DIXIE HWY**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **STUART FL**  
 Zip Country  
 24 **34996** 25

2a. Mailing Address  
 26 **2431 SE DIXIE HWY.**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **STUART FL**  
 Zip Country  
 29 **34996** 30

3. Date Incorporated or Qualified  
**12/03/1986**

4. FEI Number  
**59-2746989** 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 Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**JAMES COSENTINO**  
**1111 S. FEDERAL HWY**  
**STE 226**  
**STUART FL 34994**

10. Name and Address of New Registered Agent  
 81 Name  
**MATHERS WILLIAM J.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2431 SE DIXIE HWY**  
 83  
 84 City **STUART** 85 State **FL** 86 Zip Code **34996**

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, Sections 607.0605, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/29/99**  
 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	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHERS, WILLIAM J.	1.2 NAME	
STREET ADDRESS	1111 S. FEDERAL HWY STE 226	1.3 STREET ADDRESS	<b>2431 SE DIXIE HWY</b>
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBURN, JOHN	2.2 NAME	
STREET ADDRESS	1111 S. FEDERAL HWY, STE 226	2.3 STREET ADDRESS	<b>DITU</b>
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHERS, W. STANLEY	3.2 NAME	
STREET ADDRESS	1111 SOUTH FEDERAL HIGHWAY, SUITE 226	3.3 STREET ADDRESS	<b>DITU</b>
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DALE H.	4.2 NAME	
STREET ADDRESS	1111 SOUTH FEDERAL HIGHWAY, SUITE 226	4.3 STREET ADDRESS	<b>DITU</b>
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYHURST, JEREMIAH V	5.2 NAME	
STREET ADDRESS	1111 S FEDERAL HWY STE 226	5.3 STREET ADDRESS	<b>DITU</b>
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHERS, HOLLY M	6.2 NAME	
STREET ADDRESS	1111 S FEDERAL HWY STE 226 <b>DELETE</b>	6.3 STREET ADDRESS	<b>DELETION</b>
CITY-ST-ZIP	STUART FL	6.4 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3/29/99** DAYTIME PHONE # **(561) 257-0525**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0515192

CR2E034 (11/98)