

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

FILED
Feb 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J52181 (1)
 1. Corporation Name
HECK & FARNSWORTH CONSULTING ENGINEERS, INC.



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| Principal Place of Business 5211 PINETREE DRIVE FT. PIERCE FL 34982 | Mailing Address 5211 PINETREE DRIVE FT. PIERCE FL 34982-7449 |
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|--|--|
| 3. Date Incorporated or Qualified 01/13/1987 | 3a. Date of Last Report 04/29/1996 |
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|--|---|---|
| 2. Principal Place of Business 21 907 E. Weatherbee Rd. Suite, Apt. #, etc. 22 Apt. F City & State 23 Ft. Pierce, FL Zip 24 34982 | 2a. Mailing Address 26 907 E. Weatherbee Rd. Suite, Apt. #, etc. 27 Apt. F City & State 28 Ft. Pierce, FL Zip 29 34982 | Country 25 St. Lucie 30 St. Lucie |
|--|---|---|

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|--|--|
| 4. FEI Number 59-2762550 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
FARRELL, RICKEY L.
1595 PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARNSWORTH, BOBBIE J. | 1.2 NAME | |
| STREET ADDRESS | 5211 PINETREE DR. | 1.3 STREET ADDRESS | 907 E. Weatherbee Rd., Apt. F |
| CITY-ST-ZIP | FT. PIERCE FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HECK, HOWELL H., III | 2.2 NAME | |
| STREET ADDRESS | 2870 ROCKY POINT ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARNSWORTH, BOBBIE J. | 3.2 NAME | |
| STREET ADDRESS | 5211 PINETREE DR | 3.3 STREET ADDRESS | 907 E. Weatherbee Rd., Apt. F |
| CITY-ST-ZIP | FT PIERCE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HECK, OKSANA | 4.2 NAME | |
| STREET ADDRESS | 2870 ROCKY POINT ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 4.4 CITY-ST-ZIP | |
| 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: **Bobbie J. Farnsworth** 2/18/97 (7) 119-4694

CR2E034 (9/96)