## 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** 

Country

81

83

84 City

13. 1.1 T/TLE

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME R 3 STREET ADDRESS

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

DELETE

\_\_\_ DELETE

DELETE

DELETE

DELETE

DELETE

30

DOCUMENT #

## NORTHWEST FLORIDA ENGINEERING & SURVEYING, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business 1500 N. PALAFOX ST. PENSACOLA FL 32501

2. Principal Place of Business

THOMPSON, FRED R.

1500 NORTH PALAFOX STREET PENSACOLA FL 32501

THOMPSON, FRED R

PENSACOLA FL

PENSACOLA FL

PENSACOLA FL

BAYNES, JAMES L

PARKER, EDWARD W

1913 WOODBRIDGE DRIVE

7142 BELGIUM CIRCLE

100 FT: PICKENS ROAD, SUITE E-2

Suite, Apt. #, etc."

City & State

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-Z/P

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

12.

TITLE

NAME

NAME

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

NAME

21

22

23 Zip

24

Mailing Address

1500 N. PALAFOX ST. PENSACOLA FL 32501

2a. Mailing Address

City & State

Suite: Apt. #, etc.

26

27

28

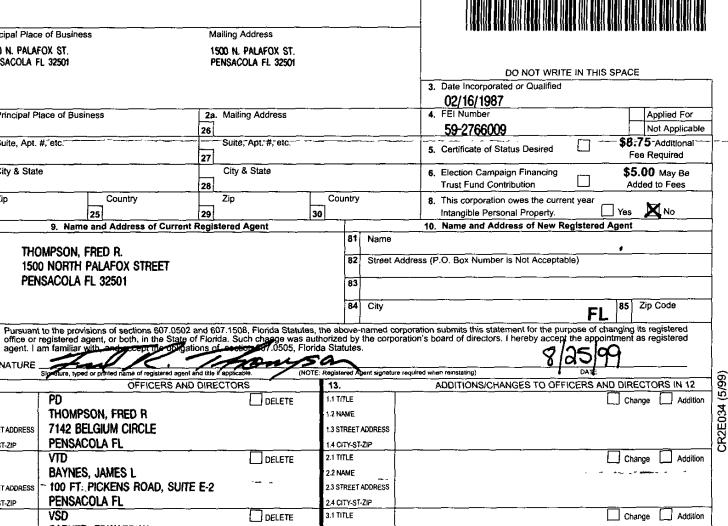
29

OFFICERS AND DIRECTORS

Zip

## **FILED** Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90010 029 \*\*\*550.00



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

SIGNATURE:

Change

\_\_\_ Change

Change

\_\_ Addition

Addition

Addition