05-04-1999 90174 005 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J65618

1. Corporation Name

Principal Place of Business

BORDA ENGINEERS & ENERGY CONSULTANTS, P.A.

i ilitoipai i laoc											
% JOSEPH R. BORDA 4925 CROSS BAYOU BOULEVARD P.O.BOX 1176 NEW PORT RICHEY FL 34652-3434			% Joseph R. Borda 4925 Cross Bayou Boulevard P.O.Box 1176 New Port Richey Fl 34652-3434				DO NOT WRITE IN THIS	SPACE			
							3. Date Incorporated or Qualifed 03/31/1987				
O Deignigal Di	and Propins	722	Mailing Address				4. FEI Number		Anni	ied For	
<u></u>			_ ·				22-2055210	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				22 20002 10	\$8.75 Additional			
¬ ' '			27				5. Certifcate of Status Desired		Req		
City & State			City & State				6. Election Campaign Financing	\$5.0	00 N	lay Be	
23			28				Trust Fund Contribution Added to Fees				
Zip	Country Zip			Coun	Country		8. This corporation owes the current year Int	tangible			
.4	25 29 30			30			Personal Property Tax.				
	9. Name and Address of Current	Regist	ered Agent				10. Name and Address of New Registered	Agent			
					81	Name					
	DA, JOSEPH R.		82 Stre			Street Add	Address (P.O. Box Number is Not Acceptable)				
4925 CROSS BAYOU BOULEVARD											
NEW PORT RICHEY FL 34652					83		,				
				ľ	84	City	FL	85	Zip Co	ode	
		2	7 4500 Ft-dd- 0t-but-			named corr	poration submits this statement for the purpose of	-))	n its n	enistered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida	a. Such change was au	ithorizea	Dy t	he corporati	ion's board of directors. I hereby accept the appo	intment a	is regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	anglicable (NOTE:	Registered /	bent	signature require	ed when reinstating) DATE			}	
12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRE	CTOR	S IN 12	
TITLE			1.1 TITL	1.1 TITLE			☐ Char	nge	Addition		
NAME	BORDA, JOSEPH R.			1.2 NA	Æ	}					
STREET ADDRESS	1380 GULF BLVD			1.3 STF	EET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			1.4 CIT	Y-ST-	-ZIP					
TITLE .	; =; =;		☐ DELETE 2.1 TI		2.1 TITLE			Char	nge	Addition	
NAME	22 M		2.2 NA	2.2 NAME							
STREET ADDRESS				2.3 STF	EET /	ADDRESS				ļ	
CITY-ST-ZIP			2.4C		2. 4 CITY-ST-ZIP						
TITLE			☐ DELETE	3.1 TITI	E			☐ Char	nge	☐ Addition	
NAME				3.2 NAM							
STREET ADDRESS				3.3 STF	EET	ADDRESS					
CITY-ST-ZIP			_	3.4. CIT	Y-ST	- ZIP					
TITLE			☐ DELETE	4.1 TIT	E.			☐ Cha	nge	☐ Addition	
NAME				4 2 NA	ME						
STREET ADDRESS				4.3 STF	EET.	ADDRESS				Ì	
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP					
TITLE			☐ DELETE	5.1 TITI				Cha	nge	Addition	
NAME				5.2 NA	Æ						
STREET ADDRESS				5.3 ST	REET.	ADDRESS					
CITY-ST-ZIP				5.4 CIT		-ZIP					
TITLE			☐ DELETE	6.1 TIT	E			Cha	nge	☐ Addition	
NAME				6.2 NA	ΝE						
0.T0.CCT + 0.DD.CO				6.3 ST	EET.	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP