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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J75791

(0)

1. Corporation Name

REGIONAL ENGINEERS, PLANNERS & SURVEYORS, INC.

Principal Place of Business

817 NORTH GAILAND AVENUE
ORLANDO, FL 32807

Mailing Address

817 NORTH GAILAND AVENUE
ORLANDO, FL 32807

2. Principal Place of Business

21 2999 All American Blvd.

Suite, Apt. #, etc.

22 City & State

23 Orlando, Florida

Zip

24 32810

Country

25 Orange

2a. Mailing Address

26 2999 All American Blvd.

Suite, Apt. #, etc.

27 City & State

28 Orlando, Florida

Zip

29 32810

Country

30 Orange

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2814347

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

GARRETT, JIMMIE C.
4000 ROCK SPRINGS RD.
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-instating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GARRETT, JIMMIE C.
STREET ADDRESS 4000 ROCK SPRINGS RD.
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME ST JONES, ROBERT M.
STREET ADDRESS 1300 FOXFIRE DRIVE
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

407-8522-7570

Daytime Phone #

0082701

CR2E034 (9/96)