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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90005 046 ***150.00

 Corporation 	MENT # K55270 NGINEERS, INC.							
Principal Place	e of Business	Mailing Address		-	1 (48) 10 10 10 10 10 10 10 1	AIAII AIAII Aiai) BIBJI #1841 1881	
3773 CENTRAL		3773 CENTRAL AVENUE						
A881		A881						
ST. PETERSBUR	RG FL 33713	ST. PETERSBURG FL 33713			DO NOT WRITE IN TH	S SPACE		7
		•			3. Date Incorporated or Qualifed 12/23/1988			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	1
21		26			59-2921001		Not Applicable Additional	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	Required	
City.& State	<u> </u>	27City & State			6. Election Campaign Financing		0 -мау ве	2
23	<u></u>	28			Trust Fund Contribution Added to Fees			
<u>Za </u> Zip	Country Zip Co				8. This corporation owes the current year i	ntangible		1
24	25	29 30	7		Personal Property Tax.	Yes	₹]No	1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		4
LAMATE	CONTAINED III		81	Name				
WINEBRENNER, J.M.			82	Street A	ddress (P.O. Box Number is Not Acceptable)			1
	CENTRAL AVE.							ļ
ŞI, F	PETERSBURG FL 33713		83				•	}
			. 84	City	F	L []	p Code	
office or t	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was auth- ions of, Section 607.0505, Florida	onzed by Statutes	the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose register when rejectation.	of changing ointment as	its registered registered	
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agen	t signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	TORS IN 12	1 3
12.	PD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/OTANGED TO GIT IGENCE.	Chang		13
NAME	WHETSTINE, BARRY A.							
STREET ADDRESS				ADDRESS				1
CITY-ST-ZIP	TRAFALGAR IN			r-ZIP				1 8
TITLE			2.1 TITLE			☐ Chang	e Addition	13
NAME			2.2 NAME					ĺ
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP		هميد درسيون در الد	2.4 CITY-S	T-ZIP ~	<u> د د د دست</u> شمیل بیان د درده د د			
TITLE	☐ DELETE 3.11		3.1 TITLE		·	Chang	e 🔲 Addition	ł
NAME ,			3.2 NAME					1
STREET ADDRESS		• 🕻	3.3 STREET	ADDRESS				
CITY-ST-ZIP.			3.4. CITY-S	T-ZIP				-
TITLE		☐ DELETE	4.1 TITLE			Chang	e	
NAME ,	·		4.2 NAME					١
STREET ADDRESS	· · ' ,		4.3 STREET	1				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Chang	no D Addition	}
TITLE .		☐ DELETE	5.1 TITLE	1	•	☐ Chang	e Addition	1
NAME '			5.2 NAME	40000000	·			1
STREET ADDRESS			5.3 STREET	ì				1
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S' 6.1 TITLE	1-211		Chang	e Addition	1
TITLE		□ nereie	6.2 NAME					
NAME	LECTION SELECTION		6.3 STREET	ADORESS				
STREET ADDRESS	parket (6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		U.S JITILE					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

BEALTINE CBARRY WHETSTINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR