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FILED

Mar 17 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 # **L41001** (3)

1. Corporation Name
ENGINEERS PLUS INC.

Principal Place of Business

**4109 EAST OLD MILL COVE
JACKSONVILLE FL 32277
US**

Mailing Address

**4109 EAST OLD MILL COVE
JACKSONVILLE FL 32277-1593
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/02/1990

3a. Date of Last Report

06/14/1996

4. FEI Number

59-2985653

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

**AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202**

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 understand, when, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME
**D WEBER, PHIL
4109 EAST OLD MILL COVE
JACKSONVILLE FL**

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS ☐ DELETE

2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS ☐ DELETE

3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS ☐ DELETE

4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS ☐ DELETE

5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS ☐ DELETE

6.4 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:

Phil Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97

Date

904-7450165

Daytime Phone #

CR2E034 (9/96)