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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000002616 (8)

1. Corporation Name

FLORIDA ENGINEERS MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

857 E PARK AVE  
TALLAHASSEE FL 32301

857 E PARK AVE  
TALLAHASSEE FL 32301-2620

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/09/1996

3a. Date of Last Report

N/A

4. FEI Number

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

10. Name and Address of New Registered Agent

BARTON, DENNIS  
857 E PARK AVE  
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME President  
STREET ADDRESS DENNIS BARTON  
CITY-ST-ZIP 857 E PARK AVE  
TALLAHASSEE, FL 32301

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME DIRECTOR  
1.3 STREET ADDRESS DR. ROBERT D. KOSTER, JR.  
1.4 CITY-ST-ZIP 690 DOMMERICH DR  
MAINTLAND FL 32751-457

TITLE ☐ DELETE  
NAME SECRETARY  
STREET ADDRESS COLLEEN BARTON  
CITY-ST-ZIP 857 E PARK AVE  
TALLAHASSEE, FL 32301

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME DIRECTOR  
2.3 STREET ADDRESS EUGENE BECHAMPS, JR.  
2.4 CITY-ST-ZIP 6200 BLUE LAGOON DR  
MIAMI, FL 33126-7070

TITLE ☐ DELETE  
NAME C. ROY YOUNG  
STREET ADDRESS Treasurer  
CITY-ST-ZIP 225 S. ADAMS ST, SUITE 200  
TALLAHASSEE, FL 32301

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME DIRECTOR  
3.3 STREET ADDRESS ROBERT DIONY, JR.  
3.4 CITY-ST-ZIP 7720 VAN DYKE RD  
TAMPA, FL 33536-4617

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME DIRECTOR  
4.3 STREET ADDRESS RICHARD G. ASSETT, JR.  
4.4 CITY-ST-ZIP 315 E. ROBINSON ST  
ORLANDO FL 32801-1944

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 617, 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

1/6/97 904/681-2548

CR2E037 (9/96)