

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90949 014 \*\*\*150.00

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**DOCUMENT # P01000031998**

1. Entity Name  
**GINN ENGINEERING, INC.**



Principal Place of Business  
108 S. OLD DIXIE HWY.  
LADY LAKE FL 32159  
US

Mailing Address  
108 S. OLD DIXIE HWY.  
LADY LAKE FL 32159  
US



2. Principal Place of Business  
**1521 SE 36th Avenue**

3. Mailing Address  
**1521 SE 36th Avenue**

Suite, Apt. #, etc.  
**SUITE 2**

City & State  
**OCALA FLORIDA**

City & State  
**OCALA FLORIDA**

Zip  
**34471**

Country  
**USA**

Zip  
**34471**

Country  
**USA**

4. FEI Number **59-3705968**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MIDGETT, DAVID E**  
**2800 E. SILVER SPRINGS BLVD.**  
**SUITE 205**  
**OCALA FL 34470**

7. Name and Address of New Registered Agent

Name  
**MIDGETT, DAVID E**

Street Address (P.O. Box Number is Not Acceptable)  
**1521 SE 36th Avenue, Suite 2**

**SUITE 2**

City  
**OCALA**

FL

Zip Code  
**34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

DATE: **3/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>GINN, BARRY E P</b> <b>108 S. OLD DIXIE HWY.</b> <b>LADY LAKE FL 32159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b> <b>BARRY E. GINN</b> <b>1521 SE 36th Avenue, Suite 2</b> <b>OCALA, FLORIDA 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE: **3/25/03**

Daytime Phone #: **(352) 624-9901**

CRRE034 (10/02)