

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15538

1. Corporation Name

TRIGON ENGINEERING CONSULTANTS, INC.

Principal Place of Business

313 GALLIMORE DAIRY ROAD
GREENSBORO NC 27409

Mailing Address

P. O. BOX 18846
GREENSBORO NC 27419-8846
US

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1987

4. FEI Number

56-1370993

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WELLS, RICHARD C.
STREET ADDRESS 313 GALLIMORE DAIRY ROAD
CITY-ST-ZIP GREENSBORO NC

TITLE VSD ☐ DELETE

NAME VINSON, JEFFREY R.
STREET ADDRESS 313 GALLIMORE DAIRY ROAD
CITY-ST-ZIP GREENSBORO NC

TITLE TD ☐ DELETE

NAME PISTOLE, STEPHEN P
STREET ADDRESS 313 GALLIMORE DAIRY ROAD
CITY-ST-ZIP GREENSBORO NC

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 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:

Richard C. Wells

07/02/99

336/668-0093

CR2E034 (5/99)



ENGINEERING CONSULTANTS, INC.

P.O. Box 18846 • Zip 27419-8946 • 313 Gallimore Dairy Rd. • Greensboro, NC 27409 • (336) 668-0093 • FAX (336) 668-3868

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582955-90006-41

July 1, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
409 East Gaines Street
Tallahassee, FL 32399

Reference: Profit Corporation Annual Report 1999
Document # P15538

Dear Sir/Madam:

Enclosed is our Annual Report for 1999 accompanied by our check for \$150.00. To the best of our knowledge, the packet received today is the first notification we have had for the 1999 renewal. Accordingly, we respectfully request that you consider waiving the \$400.00 late penalty. A review of your records will reveal that we have never been delinquent nor made a request of this nature in the past. Our Certificate of Authorization Number 4793 with the State of Florida Board of Professional Engineers was renewed on February 25, 1999. Attached is a copy for your information.

We appreciate your consideration in this matter. Should you have questions or desire additional information, please do not hesitate to contact me.

Very truly yours,

TRIGON ENGINEERING CONSULTANTS, INC.

A handwritten signature in cursive script, appearing to read 'R. C. Wells', is written over the printed name.

Richard C. Wells, P.E.
President

RCW:ch

Attachments