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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

(8)

DOCUMENT # P15856 **ENGINEERING & EQUIPMENT COMPANY** Principal Place of Business Mailing Address 908 N. WASHINGTON STREET 908 N. WASHINGTON STREET ALBANY GA 31701 ALBANY GA 31701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1987 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 58-0538626 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NEWMAN, JOHN 2001 ARTHUR AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 83 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 little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE KNIGHT, III C 1.2 NAME NAME 2305 WINCHESTER DR. STREET ADDRESS 1.3 STREET ADDRESS ALBANY GA CITY - ST - ZIP 1.4 CITY - ST - ZIP \_\_ DELETE Change Addition TITLE 2.1 TITLE NEWMAN, JOHN NAME 2.2 NAME 2001 ARTHUR AVE. 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE KNIGHT, JOHN 3.2 NAME NAME 412 FOREST GLEN 3.3 STREET ADDRESS STREET ADDRESS ALBANY GA CITY - ST - ZIP 3.4. CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE KNIGHT, SANFORD 4. 2 NAME NAME 507 EDGEWOOD DR. 4.3 STREET ADDRESS STREET ADDRESS ALBANY GA 4.4 CITY-ST-ZIP CITY - ST - ZIP Change TITLE DELETE 5.1 TITLE KING, LOU 5.2 NAME NAME 106 BUNKERS COVE ROAD 5.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE LONG, ROSEMARY 6.2 NAME NAME 3717 SHORELINE 6.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 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: