

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P15856

1. Corporation Name
ENGINEERING & EQUIPMENT COMPANY

Principal Place of Business
908 N. WASHINGTON STREET
ALBANY GA 31701

Mailing Address
908 N. WASHINGTON STREET
ALBANY GA 31701

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90027 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1987

4. FEI Number

58-0538626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, JOHN
2001 ARTHUR AVENUE
PANAMA CITY FL 32405

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME KNIGHT, III C
STREET ADDRESS 2305 WINCHESTER DR.
CITY-ST-ZIP ALBANY GA

TITLE VD ☐ DELETE

NAME NEWMAN, JOHN
STREET ADDRESS 2001 ARTHUR AVE.
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME KNIGHT, JOHN
STREET ADDRESS 412 FOREST GLEN
CITY-ST-ZIP ALBANY GA

TITLE D ☐ DELETE

NAME KNIGHT, SANFORD
STREET ADDRESS 507 EDGEWOOD DR.
CITY-ST-ZIP ALBANY GA

TITLE D ☐ DELETE

NAME KING, LOU
STREET ADDRESS 106 BUNKERS COVE ROAD
CITY-ST-ZIP PANAMA CITY FL

TITLE SD ☐ DELETE

NAME LONG, ROSEMARY
STREET ADDRESS 3717 SHORELINE
CITY-ST-ZIP PANAMA CITY FL

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, with all other like empowered.

SIGNATURE:

Collins Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)