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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DIVISION OF COR

Mailing Address
BUILDING 10. SUITE 100
750 HAMMOND DR.

DOCUMENT # P25500

CIVIL DESIGN, INC.

Principal Place of Business

BUILDING 10. SUITE 100 750 HAMMOND DR.

ATLANTA GA 30328		ATLANTA GA 30328				, DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed			
						ĺ	08/02/1989			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number		Applied For	
21		26			ĺ		58-1225653		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	٦	Certificate of Status Desired	\$8.	75 Additional	
22						ń.	Certifcate of Status Desired	Fe	e Required	
City & Stat	е	City & State				6.`	Election Campaign Financing	\$5	.00 May Be	
23 28						!	Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip	Countr	у		8.	This corporation owes the current year le	ntangible		
24	25	29	30			Ì	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registered	l Agent		
545	DED 01118150		8	I Na	ame	I				
BARBER, CHARLES			82	St	reet Addres	s (P	O. Box Number is Not Acceptable)			
611 DRUID ROAD EAST, SUITE 304			"	-	10017100100	!	to. Box resimbol to rect leadplaster			
CLE/	ARWATER FL 34617		83	3		ı				
								lest	7:- Od-	
			84	4 Ci	ty		F	85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	the abov	/e-na	med corpora	ation			g its registered	
office or r	egistered agent, or both, in the State o	f Florida. Such change was aut	norized by	the (corporation'	s bọ	n submits this statement for the purpose open of directors. I hereby accept the appoint	ointment.	as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	S.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if engineels (NOTE: E	Penistered Anu	ant cinn	ature required w	hen re	einstating) DATE			
12.	OFFICERS AND		13.	an olym	atore required to		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
TITLE	CEOD	DELETE	1.1 TITLE				DDITION OF BUILDING	Cha		
NAME I	DIDICHER, JOHN E.	_	1.2 NAME					_	-	
STREET ADDRESS	750 HAMMOND DR. BLDG.10		1.3 STREE		acee					
	ATLANTA GA				VE33					
CITY-ST-ZIP TITLE	STD		1.4 CITY-	SI-ZIP	-			☐ Chá	inge Addition	
	i					į			ingonaana	
NAME	DIDICHER, BETTY J.		2.2 NAME							
STREET ADDRESS	750 HAMMOND DR. BLDG.10		2.3 STREE							
CITY-ST-ZIP	ATLANTA GA	DELETE	2. 4 CTY-	ST-ZIP				☐ Cha	nge Addition	
TITLE	15		3.1 TITLE						inge LI Addition	
NAME	SPRINKLE, RONALD R.		3.2 NAME							
STREET ADDRESS	750 HAMMOND DR. BLDG.10		3.3 STREE							
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Cha	ange	
NAME			4, 2 NAME]					
STREET ADDRESS			4.3 STREE	TADOF	RESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			'		☐ Cha	inge 🔲 Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDF	RESS					
CITY-ST-ZIP			5.4 CITY-	ST•ZIP		:				
TT -		FIDELETE	61 TITLE					□ Chr	ngo DAddition	

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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS CITY-ST-ZIP

CHARLES TYPES OF PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

1-12-99

404-252-1334

:R2E034 (11/98)

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90032 009 ***150.00