

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90031 044 ***150.00

DOCUMENT # **P93000000384**

1. Corporation Name

IMPACT ENGINEERING EQUIPMENT, INC.



Principal Place of Business

1511 E. COMMERCIAL BLVD.
SUITE 2
FORT LAUDERDALE FL 33334-5717

Mailing Address

27013 PACIFIC HWY SO
STE 324
DES MOINES WA 98198
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1993

4. FEI Number

65-0392792

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **6716 Eastside Drive NE**

Suite, Apt. #, etc.

22 **Suite 6**

City & State

23 **Tacoma, WA**

Zip Country

24 **98422** 25 **U.S.A.**

2a. Mailing Address

26 **6716 Eastside Dr. NE**

Suite, Apt. #, etc.

27 **Suite 6**

City & State

28 **Tacoma, WA**

Zip Country

29 **98422** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 **DP** ☐ DELETE

NAME **CORBIN, PHILIP III**

STREET ADDRESS **27013 PACIFIC HWY SOUTH, #324**

CITY-ST-ZIP **DES MOINES WA**

TITLE **DVS** ☐ DELETE

NAME **CASSIDY, TERRENCE P JR.**

STREET ADDRESS **1424 N.E. 53 CT**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DTS** ☐ DELETE

NAME **MILLER, TAMSEN L**

STREET ADDRESS **6123 PANORAMA DRIVE NE**

CITY-ST-ZIP **TACOMA WA 98422**

TITLE **D** ☐ DELETE

NAME **CORBIN, JEAN**

STREET ADDRESS **8775 20TH STREET, LOT 301**

CITY-ST-ZIP **VERO BEACH FL 32966**

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 **D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **Cassidy, Terrence P Jr.**

2.4 CITY-ST-ZIP **1424 N.E. 53 Ct.**

Ft. Lauderdale, FL 33334

3.1 TITLE **DTS** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **Corbin, Tamsen M.**

3.4 CITY-ST-ZIP **6123 Panorama Drive NE**

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:

Tamsen M. Corbin
Tamsen M. Corbin, Secretary

4/27/99

253-942-9000

Date

Daytime Phone #

CR2E034 (11/98)

0561087