SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000031132 (2)**

1. Corporation Name
CADD & ENGINEERING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
6105-A MEMORIAL HWY TAMPA FL 33615	6105-A MEMORIAL HWY TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3182053 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ILLE, JOHN
100 BARBADOS DR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: Edward E. Ille
82 Street Address (P.O. Box Number is Not Acceptable): 6105-A Memorial Hwy.
83
84 City: Tampa FL 85 Zip Code: 33615

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: Edward E. Ille, President 7/6/95
Signature, type or print 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	CD	11 TITLE		☐ Change ☐ Addition
NAME	ILLE, JOHN	12 NAME		
STREET ADDRESS	100 BARBADOS DR	13 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND FL 32952	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	ILLE, EDWARD	22 NAME		
STREET ADDRESS	6105-A MEMORIAL HWY	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33615	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	HAND, S. DAVIS	32 NAME	Delete	
STREET ADDRESS	6105-A MEMORIAL HWY	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33615	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	BOLDT, CHARLES A	42 NAME	Delete	
STREET ADDRESS	6105-A MEMORIAL HWY	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33615	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Edward E. Ille, Pres. 7/6/95 813-249-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100001 CP