

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90009 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000033797 (0) ✓
1. Corporation Name

RICHARD ADAMS ENGINEERS & CONSULTANTS, P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1993

4. FEI Number

59-3182711

Applied
Not App

5. Certificate of Status Desired ☐

\$8.75 Addit
Fee Require

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May 1
Added to Fee

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

**217 BULLARD PKWY
TEMPLE TERRACE FL 33617
US**

Mailing Address ✓

**217 BULLARD PKWY
TEMPLE TERRACE FL 33617
US**

2. Principal Place of Business

21 **5035 E. BUSCH BLVD.**

2a. Mailing Address

26 **5035 E. BUSCH BLVD.**

Suite, Apt. #, etc.

22 **SUITE 5**

Suite, Apt. #, etc.

27 **SUITE 5**

City & State

23 **TAMPA, FL**

City & State

28 **TAMPA, FL**

Zip

24 **33617**

Country

25 **Hills.**

Zip

29 **33617**

Country

30 **Hills.**

9. Name and Address of Current Registered Agent

**ADAMS, RICHARD
505 FINGER LAKES PL
SEFFNER FL 33584**

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 **D** ☐ DELETE
NAME **ADAMS, RICHARD**
STREET ADDRESS **505 FINGER LAKES PL**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE ☐ Change ☐ A

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ A

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ A

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ A

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ A

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ A

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 officer or director of the corporation; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: _____

4/30/99 **815-985-4600**