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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000013321 (2) **DOCUMENT #** 1. Corporation Name

DEVEAU ENGINEERING, INC.

Principal Place of Business Mailing Address 2691 NE 19 STREET 2691 NE 19 STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 2a. Mailing Address 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc.

FILED May 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1994 4. FEI Number Applied For 65-0474492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 200 8. This corporation owes or has paid the current year Intaggible 24 25 29 30 Personal Property Tax due Jurie 30. ☐ Yes 10. Name and Address of New Fiegistered Agent 9. Name and Address of Current Registered Agent DEVAEU, EDDIE **2691 NE 19 STREET** Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 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** (NOTe: Registered Agent signature required when reinstating) Signature, typed or printen name of registered agent and tille if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE Change Addition TITLE NAME DEVEAU, EDDIE 1.2 NAME **2691 NE 19 STREET** 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY- ST - ZIP DELETE ☐ Change Addition TITI F 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ■ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 ith an address