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

	MENT # P9400C NGINEERING GROUP, INC.	030314 (6)			
Principal Place of Business 4503 IRVINGTON AVENUE SUITE 7 JACKSONVILLE FL 32210 US		Mailing Address 4503 IRVINGTON AVENUE SUITE 7 JACKSONVILLE FL 32210 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				04/21/1994	
2. Principal P	lace of Business	2a, Mailing Address 26		4. FEI Number 59-3244828	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Cit 6 Ciata			Fee Required
City & State	ē .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25		30	Personal Property Tax due June 30.	Yes No
TAN	 Name and Address of Current VLOR MOSELEY & JOYNER, P.A. 	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	I WEST BAY ST.		L.J	(D.O. Bou Musshas is Not Assaulable)	
JACKSONVILLE FL 32202			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations of the state of the section of th		s, the above-named corporation statutes. Registered Agent signature requirements of the statutes.	poration submits this statement for the purpose lion's board of directors. I hereby accept the ap	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IVEY, RUFUS S 8038 SARCEE TRAIL		12 NAME		
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32244		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	IVEY, PHYLLIS M		2.2 NAME		-
STREET ADDRESS	8038 SARCEE TRAIL JACKSONVILLE FL 32244		2.3 STREE1 ADDRESS		
CITY-ST-ZIP	UMUNDUTTYILLE FL 32244	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		DECEN	6.2 NAME		Onange Auto()(d)
STREET ADDRESS			6.3 STREET ADDRESS		

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 Block 13 if changed, or on an attachment with an address.

FILED

Apr 10 1998 8:00am

Secretary of State