Mailing Address

SUITE 7

26

28

Zip

4503 IRVINGTON AVENUE

JACKSONVILLE FL 32210

Suite, Apt. #, etc.

City & State

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000030314

Country

Principal Place of Business

2. Principal Place of Business

4503 IRVINGTON AVENUE

JACKSONVILLE FL 32210

Suite, Apt. #, etc.

SIGNATURE:

City & State

SHITE 7

US

21

22

23

IVEY ENGINEERING GROUP, INC.

4	25	29	30		Personal Property Tax			⊔No
*	Name and Address of Current				10. Name and Address o	f New Registered	Agent	
	<u> </u>		81	Name				
TAYL	OR MOSELEY & JOYNER, P.A.		82	04	dress (P.O. Box Number is Not	Acceptable)		:
501 WEST BAY ST.				Street Au	dress (P.O. Box Number is Not	Acceptable)	*	
JACKSONVILLE FL 32202			83	 		TAKE BUILDING		ly 1.7 1.
4 ,101	100111122 1 2 2224					1,1	1-1-1-0	3 41
			84	City		FL	85 Zip C	,ode
			- 15 - 25 - 21		maration submits this statemen	for the numose of	changing its	registered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of				tion's board of directors. I herel	by accept the appoin	ntment as reg	gistered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flor	ida Statutes	i.,	•			
SIGNATURE						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature requ	ADDITIONS/CHANGES		ID DIRECTO	RS IN 12
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES	TO OFFICENS AN	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE	i	. •		٠	_
NAME	IVEY, RUFUS S		1.2 NAME			•		
STREET ADDRESS			1.3 STREË	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CITY-5	ST-ZIP	<u> </u>		[] (h	□ Addition
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	IVEY, PHYLLIS M		2.2 NAME	ļ				
STREET ADDRESS	ACCO CARCEE TRAIL		2.3 STREE	TADDRESS				
	JACKSONVILLE FL 32244		2.4 CITY-	ST-ZIP	_			
CITY-ST-ZIP	SACKOCITIELE 12 OLE 11	☐ DELETE	3.1 TITLE				Change	Addition
TITLE			3.2 NAME		•			
NAME			3.3 STREE	T ADDRESS		. ,	271.0	1.0
STREET ADDRESS			3.4. CITY-	ļ	* :			1 h
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-21	**	T. 1. 19.	Change	Addition
TITLE			4. 2 NAME	.			•	
NAME				ļ				
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP		[] poster	4.4 CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ļ				
NAME								
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 TITLE				- Orionae	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREI	ET ADDRESS				
			6.4 CITY-				10 0 0	· • · · · · · · · · · ·
14 I hereby	certify that the information supplied wi	th this filing does not qualify fo	r the exemp	tion stated i	in Section 119.07(3)(i), Florida S	Statutes. I further co	rtity that the ler oath: that	Information
indicated	certify that the information supplied with on this annual report or supplemental reference of the corporation of the receiver Block 13 if changed, on an attachment	I annual report is true and accuiver or taustee empowered to e	urate and the execute this	at my signat report as re	equired by Chapter 607, Florida	Statutes; and that r	ny name app	ears in
Block 12	or Block 13 if changed, or an attach	hard with an address, with a	II other like (empowered.	,			

Country

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90012 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/21/1994

59-3244828

4. FEI Number

8. This corporation owes the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable