PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000044300 (9)

DOCUMENT # 1. Corporation Name FORRESTER ENGINEERING INC.

Principal Place of Business Mailing Address					I JORIJSKI IJU JUJIL GIJAK GDIJI 305	II OOIH DOHL GIBII GIBBO HIHA OOHE GOII 1881
1916 PLEASANT DRIVE 1916 PLEASANT DR JUNO FL 33408 JUNO FL 33408		/E				
					3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 04/11/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0497346	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Countr		Trust Fund Contribution	Added to Fees
24	25	29	30	•	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, s. : No
1	9. Name and Address of Currer				10. Name and Address of New I	
		 	81	Name		
FORRESTER, WILLIAM K				0	/200 Day North 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1916 PLEASANT DRIVE			82	Street Ad	dress (P.O. Box Number is Not Acceptal	Diej
JUNO FI			83			
			-	0"		
			84	City		FL 85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607,0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	2 and 607.1508, Florida Statut da. Such change was authoriz ion 607.0505, Florida Statutes	es, the above- ed by the corps.	named corpo coration's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE _						
	Signature, typed or printed name of registered agent		DTE: Registered Age	nt signat ire requi	red when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
THTLE	FORDERTED MALLMAN	☐ D€LETE	1. 1 TITLE			Change Addition
NAME	FORRESTER, WILLIAM K		1.2 NAME			
STREET ADDRESS	1916 PLEASANT DRIVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	JUNO FL 33408 VP	☐ DELETE	1.4 CITY-	ST-ZIP		
THILE	FORRESTER, KATHY		2 1 TITLE			Change Addition
NAME	1916 PLEASANT DRIVE		2 2 NAME			
STREET ADDRESS	JUNO FL 33408			TADDRESS		
CHY-S1-ZIP TITLE	TS	DELETE	24 CHY- 3 1 TITLE	ST-ZIP		Change Addition
NAME	FORRESTER, WILLIAM K	Dotter	3 2 NAME			C change C Applifor
STREET ADDRESS	1916 PLEASANT DRIVE			T ADDRESS		
CITY-ST-ZIP	JUNO FL 33408		34 CITY-			
TITLE		☐ DELETE	4.1 TITLE	51-24		Change Addition
NAME		_	4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		•
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5. 1 TITLE			Change Addition
NAME			5.2 NAME]		-
STREET ADDRESS			5.3 STHEE	I ADDRESS		
CITY-ST-ZIP	11.4		5 4 City-	ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	r address		
CITY-S1-ZIP			6.4 CITY-	ST - ZIP		
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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)(k). 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:

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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