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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044300 (9)

FORRESTER ENGINEERING INC.

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



JUNO FL 33408		JUNO FL 33408-2628					
					3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last R. 04/17/1996	eport
2. Principal Flace of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26	26		65-0497346	No	t Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required Fee Required		
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zıp	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes 🔀 Yes 🗌 No		
	9. Name and Address of Curr	ent Registered Agent		 	10. Name and Address of New Re	platered Agent	
	Rester, William K		8	Name			
1910		8	82 Street Address (P.O. Box Number is Not Acceptable)				
JUN	IO FL 33408				,		
			8:	3			
1			8	City		85 Zip (Code
				, City			2008
11. Pursuant I office or re agent I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the ob-	502 and 607.1508, Florida Stat ate of Florida. Such change was ligations of, Section 607.0505, I	utes, the abors authorized t Florida Statute	/e-named corpora by the corpora is.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment as	s registered registered
SIGNATURE							
	Signature, typed or printed name of registered			gent signature requi	ired when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		S IN 12
TIFLE	•	☐ herete	1.1 TITLE			☐ Change	L.J Adultion
NAME	FORRESTER, WILLIAM K		1.2 NAME				
STREET ADDRESS	1916 PLEASANT DRIVE			T ADDRESS			
C-TY - ST - ZIP	JUNO FL 33408	The state	1.4 CITY	ST-ZIP			
TITLE	VP CORRECTED MATERY	DELETE	2.1 THILE			Change	Addition
NAME .	FORRESTER, KATHY		2.2 NAME				
STREET ADDRESS	1916 PLEASANT DRIVE		2.3 STREE	T ADDRESS			ļ
CITY - ST - ZIP	JUNO FL 33408		2.4 CITY	ST-ZIP			
TOLE	TS CONTENT WALLEY	☐ DELETE	3.1 TITEE			L. Change	L Addition
NAME	FORRESTER, WILLIAM K		3.2 NAMÉ				
STREET ADDRESS	1916 PLEASANT DRIVE		3.3 STREI	T ADDRESS			
CITY-S1-ZIP	JUNO FL 33408		3.4. CITY				
THUE		☐ DELETE	41 TITLE			[] Change	L Addition
NAME			4 2 NAM				
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-ST-ZIP			4.4 City-	ST-ZIP		····	
TETLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	ľ			
STREET ADDRESS			5.3 STREI	T ADDRESS	•		
CITY - ST - ZIP			5.4 CITY	ST-ZIP			
TITLE		DELETE	6.1 TITL€			☐ Change	Addition
NAME			6.2 NAME				1
STREET ACCRESS			6.3 STRE	T ADDRESS			!
CHTY-ST-ZIP			6.4 CITY	ST-ZIP			
	by cartify that the information supp	lied with this filing does not out			d in Section 119 07(3)(i). Florida Statute	a I further certify that	the

14. I do 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 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 or an attachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/4/

(561)694-9310 Daytime Phone