

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90268 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P94000060747 (0) *✓*

1. Corporation Name

MAGNOLIA ENGINEERING & LAND PLANNING, INC.

Principal Place of Business

Mailing Address

427 NORTH MAGNOLIA AVE  
ORLANDO, FL 32801-1524

427 NORTH MAGNOLIA AVE  
ORLANDO, FL 32801-1524

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1994

2. Principal Place of Business

21 246 N WESTMONTE DR

Suite, Apt. #, etc.

22

City & State  
23 ALTAMONTE SPRINGS, FL

Zip Country

24 32714

25 USA

2a. Mailing Address

26 246 N WESTMONTE DR

Suite, Apt. #, etc.

27

City & State  
28 ALTAMONTE SPRINGS, FL

Zip Country

29 32714

30 USA

4. FEI Number

59-3263149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROPER, PAUL M  
427 NORTH MAGNOLIA AVE  
ORLANDO, FL 32801-1524

10. Name and Address of New Registered Agent

81 Name

ROPER, PAUL M

82 Street Address (P.O. Box Number is Not Acceptable)

246 N WESTMONTE DR

83

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME TURJA, H. LEROY

STREET ADDRESS 427 NORTH MAGNOLIA AVE

CITY-ST-ZIP ORLANDO, FL 32801

TITLE VP ☐ DELETE

NAME ROPER, PAUL M

STREET ADDRESS 427 NORTH MAGNOLIA AVE

CITY-ST-ZIP ORLANDO, FL 32801

TITLE SD ☐ DELETE

NAME MARSHALL, STEVEN L

STREET ADDRESS 427 NORTH MAGNOLIA AVE

CITY-ST-ZIP ORLANDO, FL 32801

TITLE TD ☐ DELETE

NAME CLAYTON, CRAIG H

STREET ADDRESS 427 NORTH MAGNOLIA AVE

CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME ROPER, PAUL M

2.3 STREET ADDRESS 246 N WESTMONTE DR

2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME MARSHALL, STEVEN L

3.3 STREET ADDRESS 246 N WESTMONTE DR

3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME CLAYTON, CRAIG H

4.3 STREET ADDRESS 246 N WESTMONTE DR

4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99

Date

(407) 772-2200

Daytime Phone #

CR2E034 (11/98)