## 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

DOCUMENT # 1. Corporation Name P94000085553 (3)

CONSTRUCTION CONSULTING & ENGINEERING, INC.

Principal Place of Business	Mailing Address	
6112 SOURWOOD WAY BARTOW FL 33830	6112 SOURWOOD WAY BARTOW FL 33830	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

## **FILED** Feb 03 1998 8:00am Secretary of State

### SITE SOURWOOD WAY BARTOW FL 33830  ### SITE SOURWOOD								
BARTOW FL 33830  BARTOW FL 33830  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/25/1994  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Fel Number Applied For Not Applied For Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fel Number 5. Sensagrips00 Not Applied For Not Applied For Not Added to Fees Required  2. City & State 2. City & State 3. Election Campaign Financing 5.5.00 May Be Added to Fees Prust Fund Contribution Personal Property Tax due June 30. Yes Not Added to Fees Prust Fund Contribution Not Added to Fees Prust Fund Contribution Not Personal Property Tax due June 30. Yes Not Not Address of Current Registered Agent 10, Name and Address of New Registered Agent Not Not Acceptable)  ANDRAS, JOHN 6112 SOURWOOD WAY BARTOW FL 33830  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  SIGNATURE Signature, typed or printed freme of registered agent in both, in the State of Florida. Sucue change was authorized by the corporation's board of directors. I hereby accept the expositionent as registered agent. I am familier with, and accept the obting allows of Section 607.0505, Florida Statules.  SIGNATURE Signature, typed or printed freme of registered agent and life. If applicable (NOTE: Registered Agent synature required when remaiting) DATE  11. Pursuant to the provisions of Sections 807 0507 and 607.5505, Florida Statules.  SIGNATURE DETER AND DIRECTORS 11.2  11. Pursuant to the provisions of Sections 807 0507 and 607.5505, Florida Statules. The required when remaiting DATE  12. OFFICERS AND DIRECTORS 11.2  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	Principal Place	e of Business	Mailing A	ddress			T HOBELTOGE FIT FOIL BENIL BOILL BOILL BOILL BOILL BOILL BOILL	18(8) 8(18) <b>6</b> (18) 81100 6111 1881
2. Principal Place of Business						DO NOT WRITE IN THI	IS SPACE	
28. Mailing Address 29. Mailing Address 4. FEI Number 59-3279800 Not Applicable 59-3279800 Not Applicable 50-3279800 Suite, Apt. #, etc. 20 City & State City & State City & State 21 City & State 22 Country 25 26 28 28 29 30 Country 27 Country 30 Repersonal Property Tax due June 30 Personal Property Tax due June 30 X Yes No No Not Medicable 81 Name 8112 SOURWOOD WAY BARTOW FL 33830 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 City 85 City 85 Country 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 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. In am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In all familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In all familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  12. OPFICERS AND DIRECTORS 10 12  13. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 12								
Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing	Address		·		Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21		26					<del>                                      </del>
City & State  Country  Tip  Country  Tip  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes \ No  No  ANDRAS, JOHN  6112 SOURWOOD WAY BARTOW FL 33830  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  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 agent. I am familier with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signalure. Upped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Title  DELETE  11. Title	Suite, Apt. 6	#, etc.	<b>—</b>	Apt. #, etc.			_	•
28	City & State		<del></del>	State				
Zip		,	— <u> </u>	Otale				
25	l Zip	Country			Country	,		
ANDRAS, JOHN 6112 SOURWOOD WAY BARTOW FL 33830  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  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 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)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE  1.1 TITLE  OCENIE Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Detected Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  15 In Title  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16 Change Addition	24				0		Personal Property Tax due June 30.	Yes No
82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code   85   Street Address (P.O. Box Number is Not Acceptable)  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 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   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   Change   Addition	ļ		ss of Current Registered A	gent	01	Momo	10. Name and Address of New Registere	d Agent
BARTOW FL 33830  83  84 City  FL  85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  Delication 1.1 TITLE  Delication 1.1 TITLE  Delication 1.2 Title Addition					01	Name		
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	NAME	ANDRAS, JOHN			1.2 NAME			C. Change C. Hoomen
STREET ADDRESS 6112 SOURWOOD WAY 1.3 STREET ADDRESS	STREET ADDRESS		WAY			ADDRESS		
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NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS						ADDRESS		İ
CITY-SI-ZIP 6.4 CITY-SI-ZIP								<b>,</b>

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 supplement flannual 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 of the progression of the corporation of the c

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