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Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000020187 (7)  
1. Corporation Name  
NORTH BEACH ENGINEERING, INC.

Principal Place of Business: 1723 PENMAN ROAD JACKSONVILLE FL 32250 US  
Mailing Address: 1723 PENMAN ROAD JACKSONVILLE FL 32250-3731 US



2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 03/10/1995  
3a. Date of Last Report: 03/28/1996  
4. FEI Number: 59-3300554  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
SMOOT, WILLIAM T  
910 THIRD ST  
SUITE C  
NEPTUNE BCH FL 32266

10. Name and Address of New Registered Agent  
81 Name: WILLIAM T. SMOOT  
82 Street Address (P.O. Box Number is Not Acceptable): 1723 PENMAN RD  
83  
84 City: JACKSONVILLE BEACH FL 85 Zip Code: 32250

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: *William T. Smoot*, WILLIAM T. SMOOT, PRESIDENT 01-10-97  
(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	D	1.1 TITLE	M
NAME	SMOOT, WILLIAM T	1.2 NAME	
STREET ADDRESS	910 THIRD ST SUITE C	1.3 STREET ADDRESS	1723 PENMAN RD
CITY-ST-ZIP	NEPTUNE BEACH FL	1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE		2.1 TITLE	D
NAME		2.2 NAME	KEVIN M. DAVENPORT
STREET ADDRESS		2.3 STREET ADDRESS	1723 PENMAN RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *William T. Smoot*, WILLIAM T. SMOOT 01-10-97 904-249-1255  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)