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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000029937

1. Corporation Name

DVM ENGINEERING SERVICES, INC.

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90070 040 ***158.75



Principal Place of Business Mailing Address							I TABLISAN CID TAIDI OLIKI ORKIL ABIK BANK BANK BANK KOKID LIAKS KOKID LEIDE KINK LAGI LAGI
9072 SEWELL LANE SPRING HILL FL 34608		SPRING HILL FL 34608					
Of third table is a troop		_					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							04/11/1995
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21 26							59-3314346 Not Applicable
			Suite, Apt. #, etc.	Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27 29 29 29 29 29 29 29 29 29 29 29 29 29			Olivi 9 Ct-t-				
- · · · · · · · · · · · · · · · · · · ·			City & State	ie			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Zip	Cou	ntrv		This corporation owes the current year Intangible
—	25	29	-:h	30			Personal Property Tax.
24	9. Name and Address of Curre		ered Agent	301			10. Name and Address of New Registered Agent
	J. Hallie Bild Addition of College				81	Name	
моо	re, dean e				_		(D.O. Davidson in National Article)
9072 SEWELL LANE				82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
SPRI	NG HILL FL 34608				83		
	•				84	City	FL 85 Zip Code
41 Pursuant	in the provisions of Sections 607.05	02 and 60	7 1508 Florida Statut	es, the al	ove	e-named co	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	e of Florid	a. Such change was a	uthorized	l by∃	tne corpora	ration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the oblig	ations of,	Section 607.0505, Fig.	noa Statt	Jies.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if	applicable. (NOTE	: Registered	Agen	t signature requ	equired when reinstating) DATE
12.	OFFICERS A		16	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TII	LE.		☐ Change ☐ Addition
NAME	MOORE, DEAN E			1.2 NA	ME		
STREET ADDRESS	9072 SEWELL LN			1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608			1.4 CF	TY-ST	Γ-ZiP	
TITLE	D		☐ DELETE	2.1 711	LE.		☐ Change ☐ Addition
NAME }	MOORE, VALERIE M			22 NA	ME		
STREET ADDRESS	9072 SEWELL LN			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608			2.4 CI	TY-\$	T-ZIP	
TITLE	,	-	☐ DELETE	3.1 TI	ΓLE		Change Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REET	ADDRESS	
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP	
τπιε			☐ DELETE	4.1 ∏	LΕ		☐ Change ☐ Addition
NAME	•		-	4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP				4.4 CI	TY-SI	T-ZIP	
TITLE	1		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME				5.2 NA			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				54 CF		T-ZIP	
TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME				6.2 N			
STREET ADDRESS				6.3 ST	REET	ADDRESS	
CITY-ST-ZIP				6.4 Cr	TY-\$1	r-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: