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Secretary of State

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0437/USP

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000052926

1. Corporation Name
DCR ENGINEERING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
502 COUNTRY ROAD 640 EAST
MULBERRY FL 33860
US

Mailing Address
P.O. BOX 1021
MULBERRY FL 33860

3. Date Incorporated or Qualified	06/26/1995
4. FEI Number	59-3441751
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. BOX 935
22. City & State	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

ROSSMAN, DALE C
2160 HIGHWAY 37 SOUTH
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	502 COUNTRY ROAD 640 EAST
83. City	Mulberry
84. State	FL
85. Zip Code	33860

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]* DATE: 2-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, DALE C	1.2 NAME	
STREET ADDRESS	6977 HAYTER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33860	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, RONALD E	2.2 NAME	
STREET ADDRESS	3817 SCOVILL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDBENNER, TODD	3.2 NAME	
STREET ADDRESS	404 EASTON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MORRIS VINCENT G.
STREET ADDRESS		4.3 STREET ADDRESS	2511 BUCKHORN RUN DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: 2/22/99 DAYTIME PHONE: 241-428-9500

CR2E034 (1/98)