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

Mailing Address

2533 IRONWOOD COURT

ORANGE PARK FL 32065

PROFIT CORPORATION ANNUAL REPORT 1999

rincipal Place of Business

33 IRONWOOD COURT

ANGE PARK FL 32065

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ADDRESS

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000059682

WAGNER ENGINEERING SERVICES, CO.

08/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 <u>59-</u>3333167 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May.Be 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SANTORO, THOMAS C ESQ. 1700 WELLS RD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 5 83 **ORANGE PARK FL 32073** City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE ☐ Change WAGNER, ROBERT M 1.2 NAME ET ADDRESS 2533 IRONWOOD COURT 1.3 STREET ADDRESS ORANGE PARK FL 32065 ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition WAGNER, WANDA D 2.2 NAME TADDRESS 2533 IRONWOOD COURT 2.3 STREET ADDRESS ORANGE PARK FL 32065 T-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change _ Addition 3.2 NAME TADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIF

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

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 dicated 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. Robert M. WAGNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR NATURE:

☐ DELETE

☐ DELETE

904-276-3346

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90092 036 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition