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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

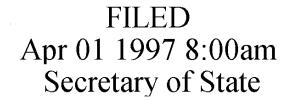
## 1997 DOCUMENT #

P95000076718 (2)

BONE VALLEY ENGINEERING, INC.

Principal Place of Business

Mailing Address





JACKSONMILLE FL		<del>-P.O.: BOX 1186</del> T <del>ALLAHASSEE FL 82302-1186</del>				
				3. Date Incorporated or Qualified 10/06/1995	3a. Date of Last	•
2 Principal Place 21 208	N. PEARL ST	2a. Mailing Address 26 P.O. Box	995	4. FEI Number  APPLIED FOR 59	- 3415280	Applied For Not Applicable
Suite Apt #. 22		Suite, Apt #, etc.		5. Certificate of Status Desired	Fee F	Additional Required
City & State  23 JACK	SONVILLE FL	City & State  28 JACK SON V  7-10	MUE, Fr	Election Campaign Financing     Trust Fund Contribution	· ·	May Be d to Fees
24 3220	2 25 Country 25 S. Name and Address of Current R	29 <b>32201</b>	Gountry '	Florida Statutes	Yes No	s 199.032,
*HAYY	YARD, TOM R	egistered Agent	81 Name	10. Name and Address of New 9		 ろ
<del>1407</del>	PIEDMONT-DRIVE-EAST AHASSEE-FL-32308		82 Street A	ddress (P.O. Box Number is Not Accept	able) ST	
			83		loe Los	Codo
<u> </u>		···-		ACKSONVILLE	<u> </u>	0 Code 22202
11. Pursuant to office or req	the provisions of Sections 607,0502 a pistered agent or both, in the Stale of faculty with and accept the obligation	nd 607.1508, Florida Statute Florida. Such change was ei ns at Section 607.0605. Flor	es, the above-named outhorized by the corporate of the co	corporation submits this statement for the pration's board of directors. I hereby acc	<ul> <li>purpose of changing ept the appointment a</li> </ul>	its registered is registered
SIGNATURE	106b	ing G	B Rogistered Agent signature in	BINS	5/21	497
12.	gis a inc. typical or pich to residue of registored agent as OF FICERS AND T		Registered Agent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTO	DRS IN 12
100,F	D	DELETE	11 TITLE	7,50,7,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	Change Change	
NAME	ROBBINS, GERALDINE B	<del>_</del>	1.2 NAME			
STREET ADDRESS	145 JANELLE LANE		1.3 STREET ADDRESS)	208 N. PEARL	ST	
CHTY - \$1 - 70F	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSON VILLE,	Fi 32202	,
THUE	D	DELETE	2.1 TITLE		Change	Addition
NAME:	CONN, JANE V		2.2 NAME			
STREET ADDRESS	1020 E PARK AVE		2.3 STREET ADDRESS			
C-Fr-S1-7P	TALLAHASSEE FL		2. 4 CITY - ST - ZIP		······································	
101.6		☐ DELETE	3.1 TITLE		L Change	Addition
NAMi			3.2 NAME			
STEEL! ADDRESS			3.3 STREET ADDRESS			
CITY-ST ZIP		DOUTE	3 4. CITY-ST-ZIP		T1 41	17 64200
111111		∐ DELET€	4.1 TIFLE		Change	Addition
NAMI			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CHY ST ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change	e 🔲 Addition
NAME		C SEELE	5.2 NAME		L Similar	· Land requirion
			5.2 NAME 5.3 STREET ADDRESS			
STREET ANDREOS						•
01*Y+\$1+76* 101,E		DELETE	5.4 CITY+ST-ZIP 61 TITLE		Change	Addition
NAME			62 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			
011 Y - S1 - ZIP	south that the information or onted to	ith this files door set qualify	64 CITY-ST-ZIP	ated in Contine 110 07/3Vi) Florida Ctat.	too t fourth an again the	or the

roo nercely 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: