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Apr 01 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 # P95000076718 (2)

1. Corporation Name
BONE VALLEY ENGINEERING, INC.



Principal Place of Business
145 JANELLE LANE
JACKSONVILLE FL

Mailing Address
P.O. BOX 1196
TALLAHASSEE FL 32302-1196

3. Date Incorporated or Qualified
10/06/1995

3a. Date of Last Report
10/25/1996

2. Principal Place of Business
21 208 N. PEARL ST
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE FL
Zip Country
24 32202 25

2a. Mailing Address
26 P.O. BOX 995
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE, FL
Zip Country
29 32201 30

4. FEI Number
APPLIED FOR 59-3415280

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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

HAYWARD, TOM R
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
ROBBINS, GERALDINE B
82 Street Address (P.O. Box Number is Not Acceptable)
208 N. PEARL ST
83
84 City
JACKSONVILLE FL 85 Zip Code
32202

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 *G.B. Robbins* G.B. ROBBINS DATE 3/26/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, GERALDINE B	
STREET ADDRESS	145 JANELLE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONN, JANE V	
STREET ADDRESS	1020 E PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	208 N. PEARL ST
14 CITY-ST-ZIP	JACKSONVILLE, FL 32202
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *G.B. Robbins* G.B. ROBBINS DATE 3/26/97

CR2E034 (9/96)