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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087788 (2)
1. Corporation Name
CIVIL DESIGN ASSOCIATES, INC.

Principal Place of Business

P O BOX 3625
LAKE CITY FL 32056-3265

Mailing Address

P O BOX 3625
LAKE CITY FL 32056-3265

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1995

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number **59-3344758**	Applied For
					Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt #, etc.	27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip	24	Country	25	Zip	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PITMAN, JAMES H JR
RT 12 BOX 312
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City   **FL**   85 Zip Code

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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	WILSON, STEPHEN C		1.2 NAME			
STREET ADDRESS	RT 3 BOX 4920		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT WHITE FL 32038		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	PITMAN, JAMES H JR		2.2 NAME			
STREET ADDRESS	RT 12 BOX 312		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	SMITH, GERRY G		3.2 NAME			
STREET ADDRESS	P O BOX 3625 N/A		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32056-3625		3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ 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.

SIGNATURE: *Stephen C. Wilson*   Stephen C. Wilson   4/28/98   (904)761-8744

CR2E034 (10/97)