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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
6321 GRAND BLVD.	PO BOX 1348
NEW PORT RICHEY FL 34652	NEW PT. RICHEY FL 34656

## **FILED** Apr 21 1998 8:00am Secretary of State

	MENT # P95000 NGINEERING COMPANY	0088463 (1)			
Principal Plac	ce of Business	Mailing Address			101 FDF11 01010 01140 4771 1001
6321 GRAND BLVD. NEW PORT RICHEY FL 34652		PO BOX 1348			
		NEW PT. RICHEY FL 34656			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address	·	11/17/1995 4. FEI Number	Applied For
21		26		59-3356913	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22	. <u></u>	27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the co	
24	25] 9. Name and Address of Current	[29]	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
<b>C4</b>		negistered Agent	81 Name	10, Marile and Address of New Registered	Agent
	SSON, WALTER A JR. 22 CARLTON ROAD				
	W PORT RICHEY FL 34652		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
IIL	11 1 OH 1 MOHET 1E 34032		83		
			84 City	Fi	85 Zip Code
office or a agent. La SIGNATURE				coration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	Signature, typed or printed name of registered ages OFFICERS AND		16. Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 12
TITLE	PSD	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	CASSON, WALTER A JR.		1.2 NAME		
STREET ADDRESS	5522 CARLTON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	3.1 TO LE		Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3 3 STREFT ADDRESS		•
CITY-ST-ZIP		Thirtie	3.4. CHY-ST-ZIP		Chages Addition
TITLE		L DELETE	4.1 TILE		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		L 0	5.2 NAME		
STREET ADDRESS			5.3 STRLET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		Ì
TITLE		DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
44	<del> </del>			A 122200 P	

Thereby 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 ediporation or the rejevice or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed or on anyth climent with an address.