

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P9600002284
1. Corporation Name
Wahl And Associates, Inc.

Principal Place of Business
11931 Mambou Ct. S.
Jacksonville, FL 32223

Mailing Address
11250-15 Old St. Augustine Rd
STE 113
Jacksonville, FL 32257

3. Date Incorporated or Qualified
01-02-96

3a. Date of Last Report
N/A

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number
59-3354317

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
Jeffrey L. Wahl, P.G.
Wahl And Associates, Inc.
11931 Mambou Ct. S.
Jacksonville, FL 32223

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: Jeffrey L. Wahl, P.G., President
DATE: 4-14-97

12. OFFICERS AND DIRECTORS

TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	F. M. Wahl	
STREET ADDRESS	1225 Baker Street	
CITY-ST-ZIP	Longmont, CO 80501	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeffrey L. Wahl, P.G.	
1.3 STREET ADDRESS	11931 Mambou Ct. S.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey L. Wahl, P.G.	
2.3 STREET ADDRESS	11931 Mambou Ct. S.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32223	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Magda D. Wahl	
4.3 STREET ADDRESS	11931 Mambou Ct. S.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32223	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(f), 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: Jeffrey L. Wahl, P.G.
DATE: 4-14-97
DAYTIME PHONE: (904) 292-4783

CR2E034 (9/96)