

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90181 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000003132

1. Corporation Name  
**BRACKEN ENGINEERING, INC.**



Principal Place of Business: 15803 DEEP CREEK LANE TAMPA FL 33624  
 Mailing Address: 15803 DEEP CREEK LANE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1996  
 4. FEI Number: 59-3354312 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 owes the current year intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 518 N. TAMPA ST 22 #320 23 TAMPA FL 24 33602 USA  
 2a. Mailing Address: 26 518 N. TAMPA ST 27 #320 28 TAMPA, FL 29 33602 USA 30 USA

9. Name and Address of Current Registered Agent  
**MEYER, ALBERT A**  
 16508 LAKE HEATHER DRIVE  
 TAMPA FL 33618

10. Name and Address of New Registered Agent  
 81 Name: **WILLIAM C. BRACKEN**  
 82 Street Address (P.O. Box Number is Not Acceptable): **518 N. TAMPA ST #320**  
 83 City: **TAMPA** FL 85 Zip Code: **33602**

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 607.0805, Florida Statutes.  
 SIGNATURE: *William C. Bracken* **WILLIAM C. BRACKEN, PRESIDENT 4-22-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>BRACKEN, WILLIAM C.</b>      |                                 |
| STREET ADDRESS | <b>16508 LAKE HEATHER DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33618</b>           |                                 |
| 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          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>P.O. BOX 340372</b>   |
| 1.4 CITY-ST-ZIP    | <b>TAMPA, FL 33694</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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, with all other like empowerments.

SIGNATURE: *William C. Bracken* **4-22-99 813221-0100**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)