**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600008380 1. Corporation Name

BEACHSIDE CONSULTING ENGINEERS, INC.

Principal Place	e of Business	Mailing Address							
1957 SEMINOLE	É RD.	P O BOX 331118							
ATLANTIC BEACH FL 32233		ATLANTIC BEACH FL 32233-118				Ťi:			
		US				DO NOT	WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qua	lifed		
						01/23/1996			\
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		An	plied For
<del>-</del>	lace of Business	<del>,                                    </del>				59-3366147			t Applicable
21		26				39-3300 147			_ <del></del>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desire	ed 💥 be	\$8.75 A	
22		[27]						ree Re	quirea
City & Stat	te	City & State				6. Election Campaign Finance	cing 🖂	\$5.00	May Be
23		28		_		Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the	current yea	r Intangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		Ţ <u> </u>		10, Name and Address of N	ew Registe	red Agent	
				81 1	Name				
EAKI	IN, PAUL M								
	ATLANTIC BLVD., STE. 4			82 8	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)		(
	ANTIC BEACH FL 32233			L					
AIL	ANTIC DEACH FL 32233			83					ł
				84 (	City			85 Zip (	- ode
				84	City		1	=L   65   210 \	.
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	statutes, the	above-n	amed corpo	oration submits this statement fo	r the purpos	e of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change w	vas authorize	ed by the	e corporation	n's board of directors. I hereby a	accept the a	opointment as re	gistered
agent. La	am familiar with, and accept the obliga	ations of, Section 607.0505	s, Florida Sta	atutes.					ſ
SIGNATURE					<del></del>	· · · · · · · · · · · · · · · · · · ·	- CATI	<del></del>	
	Signature, typed or printed name of registered age				gnature required	when reinstating)	DATI		
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13	3	gnature required	when reinstating) ADDITIONS/CHANGES TO		AND DIRECTO	
	Signature, typed or printed name of registered age OFFICERS AI  DPST		13		gnature required				PRS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13 E 1.11	3	gnature required			AND DIRECTO	
12.	Signature, typed or printed name of registered ago OFFICERS AI  DPST MOORE, MARTHA L	ND DIRECTORS	13 E 1.11 1.21	TITLE				AND DIRECTO	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DPST MOORE, MARTHA L 1957 SEMINOLE RD.	ND DIRECTORS	13 E 1.11 1.21 1.35	TITLE NAME STREET AD	DORESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DPST MOORE, MARTHA L	ND DIRECTORS	13 E 1.11 1.21 1.35 1.44	3. TITLE NAME STREET AD CITY-ST-ZI	DORESS			AND DIRECTO	
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI DPST MOORE, MARTHA L 1957 SEMINOLE RD.	ND DIRECTORS	13 E 1.11 1.21 1.38 1.40 E 2.11	3. TITLE NAME STREET AD CITY-ST-ZI	DORESS			Change	Addition
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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, with all other like empowered.

CITY-ST-ZIP

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90078 033 \*\*\*158.75