

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 08, 1999 8:00 am  
Secretary of State  
07-08-1999 90034 047 \*\*\*563.75

OCUMENT # P96000009631  
Corporation Name  
ROBERT E. JEWETT & ASSOCIATES CONSULTING ENGINEERS, P.E., P.A.

Principal Place of Business  
132 IONA ROAD  
MYERS FL 33908

Mailing Address  
12832 IONA ROAD  
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/29/1996

4. FEI Number  
65-0643295

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. ☐ Yes ☒ No

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

9. Name and Address of Current Registered Agent  
JEWETT, ROBERT E  
12832 IONA ROAD  
FT MYERS FL 33908

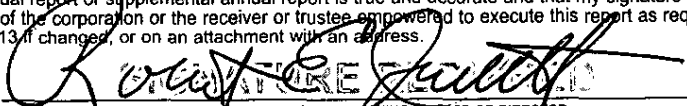
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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.

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

| OFFICERS AND DIRECTORS          |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---------------------------------|---|---|--|
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE   |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME  |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.3 STREET ADDRESS                                    |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.4 CITY-ST-ZIP                                       |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE   |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME  |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.3 STREET ADDRESS                                    |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.4 CITY-ST-ZIP                                       |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE   |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME  |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.3 STREET ADDRESS                                    |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.4 CITY-ST-ZIP                                       |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE   |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME  |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.3 STREET ADDRESS                                    |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.4 CITY-ST-ZIP                                       |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE   |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME  |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.3 STREET ADDRESS                                    |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.4 CITY-ST-ZIP                                       |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE   |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME  |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.3 STREET ADDRESS                                    |  |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.4 CITY-ST-ZIP                                       |  |

I, 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:  JULY 1, 1999

CR2E034 (5/99)