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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043030 (1)

ARCHITECTS AND ENGINEERS CORP.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1638 OLDSMAR FL 34677 POST OFFICE BOX 1638 OLDSMAR FL 34677 FILED
Jul 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

	-						3. Date Incorporated or Qualified		
							05/21/1996		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 5 9 - 3 4 8 5 6 3 1 Applied For Not Applicable		
21			26						
Suite, Apt #	f, etc.		Suite, Apt. #, etc.				Certificate of Status Desired     Section		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees		
Zip	<del></del>	Country	Zip	Cour	nlry		8. This corporation owes or has paid the current year Intangible		
24	1	25	29	30	io lo		Personal Property Tax due June 30.  Yes No		
<del></del>		nt Registered Agent				10. Name and Address of New Registered Agent			
THOMPSON, STEVEN G						81 Name			
212 WOODLAKE DRIVE .						82 Street Address (P.O. Box Number is Not Acceptable)			
STE 200						Street Address (P.O. Box Number is Not Acceptable)			
OLDSMAR FL 34677									
OLL.		01077		<u> </u>					
•				1	<b>84</b> City		FL 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 Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Slonelure, twied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
12.			D DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		DELETE	1111	LE		Change ☐ Addition		
NAME	_	SON, STEPHEN G	110	1.2 NA	ME	-	Thompson, Stephen G		
1	STREET ADDRESS POST OFFICE BOX 1638				1.3 STREET ADDRESS		212 word late Drive # 200		
ALDOMAD EL AJATT			, , , , ,		1.4 CITY-ST-ZIP		Thompson, stephen 6  are word late Drue # 200  Oldsmar, F( 346.77		
CITY-ST-ZIP TITLE	DEDOM			21 101		- 211	Change Addition		
NAME				22 NA		1	<del></del> •		
STREET ADDRESS						ADDRESS			
1				2 4 City-St-Zip		1			
TITLE			☐ DELETE			1-211	Change Addition		
NAME				3.2 NAME		- 1	_ • _		
STREET ADDRESS				33 STREE		ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP			/		
TITLE			DELETE			1.51	☐ Change ☐ Addition		
NAME				4. 2 NAME		-			
STREET ADDRESS						ADDRESS	· //(///\		
				4.4 CIT			/// /		
CITY-ST-ZIP TITLE		·	DELETE	5.1 TH		1-£11	Change Applition		
NAME				5 2 NA					
1	:					ADDRESS .	·		
STREET ADDRESS									
CITY-ST-ZIP			DELETE	5 4 CIT 6 1 TIT		- 41r	Change Addition		
TITLE		•	La Dilli						
NAME				62 NA		, DDDDCCC	<b>00000258374</b> 0 -07/09/9801005033		
STREET ADDRESS						ADDRESS	***150.80		
CITY-ST-ZIP	netha th nt t⊢ -	information supplies to	ith this filing does not such	64 CIT			Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated of officer or d	o <b>n th</b> is annua lir <b>ec</b> tor of the	al report or supplementa e corporation or the rec-	rith this filing does not qualit at annual report is true and a civer or trusted empowered chment with an address.	accurate and to execute the	is/	eport as	the Section 119.07(3)(), Florida Statules. Flurther certify that the information and shall have the same legal effect as if made under oath; that I am an equited by Chapter 607, Florida Statutes; and that my name appears in		