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FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90161 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000043030

1. Corporation Name

ARCHITECTS AND ENGINEERS CORP.

Principal Place of Business

POST OFFICE BOX 1638  
OLDSMAR FL 34677

Mailing Address

POST OFFICE BOX 1638  
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1996

4. FEI Number

59-3485631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 13555 AUTOMOBILE BLVD

2a. Mailing Address

26 P.O. BOX 17447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #510

27

23 CLEARWATER FL

28 CLEARWATER FL

Zip Country

Zip Country

24 33762 25 USA

29 33762 30 USA

9. Name and Address of Current Registered Agent

THOMPSON, STEVEN G  
212 WOODLAKE DRIVE  
STE 200  
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name STEPHEN G. THOMPSON

82 Street Address (P.O. Box Number is Not Acceptable)

13555 AUTOMOBILE BLVD

83 SUITE #510

84 City CLEARWATER

FL

85 Zip Code

33762

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

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 ☐ DELETE

NAME D  
STREET ADDRESS THOMPSON, STEPHEN G  
CITY-ST-ZIP 212 WOODLAKE DRIVE #200  
OLDSMAR FL 34677

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR

THOMPSON STEPHEN G.

13555 AUTOMOBILE BLVD SUITE 510

CLEARWATER, FL 33762

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.99

727-572-5720

Date

Daytime Phone #

CR2E034 (11/98)