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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600060043

ENGINEERED SOLUTIONS OF AMELIA, INC.

Principal Place of Business Mailing Address

3532 BLAKBEARD'S WAY 1927 S. 14TH ST.
YULEE FL 32097 SUITE 114
US AMELIA ISLAND FL 32034

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90111 034 ***150.00



YULEE FL 32097 . US		Suite 114 Amelia Island Fl 32034			DO NOT WRITE IN THIS SPAC	E
00		US			3. Date Incorporated or Qualifed 07/17/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3439998	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			l = C-diferent of Chattan Descired	.75 Additional ee Required
City & State		City & State			6. Election Campaign Financing 5	5.00 May Be
23		28			1 **	dded to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible	· \
24	25		30		Personal Property Tax.	<u>\</u>
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
MIID	PHY, TRAVIS M		81	Name		
			82	Street A	Address (P.O. Box Number is Not Acceptable)	
205 1/2 CENTRE STREET FERNANDINA BEACH FL 32034			00			
reni	MINDHIA BEACH FE 32034		83			
			84	City	FI 85	Zip Code :
					• -	ing its registered
11, Pursuant office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, of Florida. Such change was auth- ions of, Section 607.0505, Florid	, the above norized by a Statutes	e-named of the corpor	corporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTE: Re	ouistered Ager	d signature red	quired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	PTS	☐ DELETE	1.1 TITLE			nange
NAME	CARTER, TRAVIS J		1.2 NAME			
STREET ADDRESS	3532 BLACKBEARD'S WAY		1.3 STREE	ADDRESS		
CITY-ST-ZIP	YULEE FL 32097		1.4 CITY- \$	T-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			nange
NAME	CARTER, FANNIE M		2.2 NAME			
STREET ADDRESS	3532 BLACKBEARD'S WAY		2.3 STREE	ADDRESS		
CITY-ST-ZIP	YULEE FL 32097		2.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	31 TITLE			nange 🔲 Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			34. CITY-9	T-ZIP		
TITLE		DELETE	4.1 TITLE			hange
NAME			4, 2 NAME	ļ		
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		5 4 60
TITLE		☐ DELETE	5.1 TITLE	ļ	[]0	hange
NAME			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP		hanna [AddW
TITLE		☐ DELETE	6.1 TITLE		∐c	hange
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	- 1		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		

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:



4-28-99

904-321-176 O Daytime Phone # 22E034 (11/98)