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 # P96000067170

1. Corporation Name

HARVEY ENGINEERING, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90093 042 ***150.00



Delegation Disc		Mailing Address			- I (BB()BB()IB (Q()B D)()) DB()I BB(iff Barit darin dien.	18881 11811 1	Ebit 8811 (881	
Principal Plac	e of Business	Mailing Address							
1466 COVINGTON CIRCLE		1466 COVINGTON CIRCLE							
FORT MYERS FL 33919		FORT MYERS FL 33919			DO NOT WEIT	DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed	TE IN THIS SE			
					08/09/1996		T		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26			65-0690314			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	D 3	\$8.75 A		
22		27			6. Commodite or		Fee Re	quired	
City & Stat	te	City & State			6. Election Campaign Financing	Ö	\$5.00	Мау Ве	
23		28			Trust Fund Contribution		Added to	5 Fees	
Zip	Country	Zip	Cou	untry	8. This corporation owes the curre	ent year Intang	ible		
24	25	29	30		Personal Property Tax.		Yes	⊠No	
1	9. Name and Address of Curren				10. Name and Address of New R	tegistered Ag€	ent		
				81 Name					
HAR	ivey, gary l								
	COVINGTON CIRCLE			82 Street A	Address (P.O. Box Number is Not Accepta	ibie)			
	T MYERS FL 33919		'	83					
				"					
	·			84 City		FL	35 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the al	bove-named of	corporation submits this statement for the ration's board of directors. I hereby accep	purpose of cha	inging its i ent as rer	registered aistered	
office or i	registered agent, or both, in the State of am familiar with, and accept the obligat	or Florida. Such change was au tions of, Section 607.0505, Flori	ida Stati	utes.	ission a board of directors. Thereby accep	A THE SPECIAL	105	,	
_									
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	1 Agent signature re	quired when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF				
TITLE	D	☐ DELETE	1.1 11	ITLE] Change	☐ Addition	
NAME	HARVEY, GARY L		1.2 NA	AME					
STREET ADDRESS	1400 COMMOTON CIDOLE			TREET ADDRESS !					
	FORT MYERS FL 33919			 					
CITY-ST-ZIP	I OUT MIEUO LE 20212	☐ DELETE	2.1 TF	ITY-ST-ZIP			Change	Addition	
TITLE						<u>L</u>	,		
NAME			2.2 NA	AME					
STREET ADDRESS				I					
CITY-ST-ZIP			2.3 51	TREET ADDRESS	,	ਜ਼ਵਾਦ ਨੂੰ ਵ		, ,	
TITLE		·		TREET ADDRESS CITY-ST-ZIP				,* · · ·	
NAME		☐ DELETE		CITY-ST-ZIP			Change	Addition	
STREET ADDRESS			2.4C	CITY-ST-ZIP FTLE		#* · / · ·] Change	Addition	
1		☐ DELETE	2.4 C	CITY-ST-ZIP FTLE] Change	Addition	
CITY-ST-7IP		☐ DELETE	2. 4 C 3.1 TH 3.2 NA 3.3 ST	CITY-ST-ZIP STLE IAME STREET ADORESS] Change	Addition	
CITY-ST-ZIP		☐ DELETE	2. 4 C 3.1 TH 3.2 NA 3.3 ST	CITY-ST-ZIP STLE AME TREET ADDRESS CITY-ST-ZIP		· .	Change		
TITLE			2.4 C 3.1 TH 3.2 NA 3.3 ST 3.4. C 4.1 TT	CITY-ST-ZIP RTLE AME TREET ADDRESS CITY-ST-ZIP ITLE		· .			
TITLE NAME			2. 4 C 3.1 TH 3.2 NA 3.3 ST 3.4. C 4.1 TT 4. 2 N	CITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE VAME		· .			
TITLE			2.4 C 3.1 TH 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST	CITY-ST-ZIP RITLE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME TREET ADDRESS		· .			
TITLE NAME		□ DELETE	2.4 CC 3.1 TH 3.2 N/3.3 ST 3.4 .CC 4.1 TT 4.2 N/4.3 ST 4.4 CC	CITY-ST-ZIP STILE AME TREET ADDRESS CITY-ST-ZIP IIILE VAME TREET ADDRESS ITY-ST-ZIP] Change	Addition	
NAME STREET ADDRESS			2.4 C 3.1 TT 3.2 NA 3.3 S1 3.4 . C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT	CITY-ST-ZIP STLE AME TREET ADDRESS CITY-ST-ZIP III.E VAME TREET ADDRESS ITY-ST-ZIP III.E				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	2.4 CC 3.1 TH 3.2 N/3.3 ST 3.4 .CC 4.1 TT 4.2 N/4.3 ST 4.4 CC	CITY-ST-ZIP STLE AME TREET ADDRESS CITY-ST-ZIP III.E VAME TREET ADDRESS ITY-ST-ZIP III.E] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELETE	2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 NA	CITY-ST-ZIP STLE AME TREET ADDRESS CITY-ST-ZIP III.E VAME TREET ADDRESS ITY-ST-ZIP III.E] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELETE	2.4 CC 3.1 TH 3.2 N 3.3 ST 3.4. CC 4.1 TT 4.2 N 4.3 ST 4.4 CCI 5.1 TT 5.2 N 5.3 ST	CITY-ST-ZIP STILE AAME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS ITY-ST-ZIP ITLE VAME AME] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 CC 3.1 TH 3.2 N 3.3 ST 3.4. CC 4.1 TT 4.2 N 4.3 ST 4.4 CCI 5.1 TT 5.2 N 5.3 ST	CITY-ST-ZIP ITLE AAME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS ITY-ST-ZIP ITLE ITLE] Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	2.4 CC 3.1 TH 3.2 N 3.3 S1 3.4 CC 4.1 TT 4.2 N 4.3 S1 4.4 CC 5.1 TT 5.2 N 5.3 S1 5.4 CC 6.1 TT	CITY-ST-ZIP ITLE AAME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS HTY-ST-ZIP HTLE AAME TREET ADDRESS HTY-ST-ZIP HTLE HAME TREET ADDRESS HTY-ST-ZIP HTLE HAME HTREET ADDRESS HTY-ST-ZIP HTLE			Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 CC 3.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 N 5.3 ST 5.4 CC 6.1 TT 6.2 N 6.3 TT 6.3 TT 6.2 N 6.3 TT 6.3	CITY-ST-ZIP STILE AAME TREET ADORESS CITY-ST-ZIP ITLE VAME TREET ADDRESS SITY-ST-ZIP ITLE AAME LITREET ADDRESS SITY-ST-ZIP ITLE AAME LITREET ADDRESS SITY-ST-ZIP ITLE AAME			Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4. CC 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.2 NV 6.3 ST 6.	CITY-ST-ZIP ITLE AAME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS HTY-ST-ZIP HTLE AAME TREET ADDRESS HTY-ST-ZIP HTLE HAME TREET ADDRESS HTY-ST-ZIP HTLE HAME HTREET ADDRESS HTY-ST-ZIP HTLE			Change Change	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 suppliemental 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.