

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

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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082992 (4)

1. Corporation Name
PHOENIX PLANNING & ENGINEERING, INC.



Principal Place of Business Mailing Address
4100 CORPORATE SQUARE BLVD. #127 4100 CORPORATE SQUARE BLVD. #127
NAPLES FL 34112 NAPLES FL 34112

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 #125 27 #125
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country
34104 34104

3. Date Incorporated or Qualified 3a. Date of Last Report
10/03/1996
4. FEI Number Applied For
65-0702081 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEHMAN, CHARLES C
2335 NORTH TAMiami TRAIL #201
NAPLES FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 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	D	<input type="checkbox"/> DELETE
NAME	MCVICKER, KEVIN H	
STREET ADDRESS	4100 CORPORATE SQUARE BLVD. #127	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSHER, DALE S	
STREET ADDRESS	4100 CORPORATE SQUARE BLVD. #127	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, CRAIG R	
STREET ADDRESS	4100 CORPORATE SQUARE BLVD. #127	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, BRIAN	
STREET ADDRESS	4100 CORPORATE SQUARE BLVD. #127	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4100 CORPORATE SQ. #125
14 CITY-ST-ZIP	NAPLES, FL 34104
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	4100 CORPORATE SQ. #125
24 CITY-ST-ZIP	NAPLES, FL 34104
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	4100 CORPORATE SQ. #125
34 CITY-ST-ZIP	NAPLES, FL 34104
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	4100 CORPORATE SQ. #125
44 CITY-ST-ZIP	NAPLES, FL 34104
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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:

SIGNATURE REQUIRED

KEVIN MCVICKER
SECT/TREAS. 4/22/97 941-649-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)