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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101226 (4)

Country

MEVERS & ASSOCIATES ENGINEERING CONSULTANTS. INC Principal Place of Business Mailing Address C/O MARK R. DOLAN C/O MARK R. DOLAN 112 EAST STREET SUITE B TAMPA FL 33802 112 EAST STREET SUITE B TAMPA FL 33602-4108 2. Principal Place of Business 2a. Mailing Address 26 13555 Automobile Blvd. Suite, Apt. #, etc.
Suite 450 Suite, Apt. #, etc.

City & State

29 34622

Clearwater

24 25 9. Name and Address of Current Registered Agent DOLAN, MARK R C/O MARK R. DOLAN

22

23

Zip

City & State

| FILED              |
|--------------------|
| May 14 1997 8:00am |
| Secretary of State |

3a. Date of Last Report

N/A

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable



ХX

Yes XX No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3. Date incorporated or Qualified

12/13/1996

59-3418368

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

| C/O MARK R. DOLAN<br>112 EAST STREET SUITE B  |             |            | S        | treet A      | Address (P.O. Box Number is Not Acceptable)                       |   |          |  |
|---|-------------|------------|----------|--------------|---|---|----------|--|
|   | PA FL 33602 | 83         | -        |              |   | ·                                       |          |  |
| (AMI)   | TA PL 33002 |            | L        |              |   |   |          |  |
|   |             | 84         | C        | rty          | 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 agont, 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   |             |            |          |              |   | *************************************** |          |  |
| 12.   |             | tered Age  | ent Si   | gnature r    | required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN | D DIDEOTOR                              | - IN 10  |  |
| TITLE   |             | .1 Till (  |          | <del>-</del> | p   | Change                                  | Addition |  |
| NAME  |             | 2 NAME     |          | Í            | r<br>David A. Mevers  | C. Cridings                             | XX       |  |
| STREET ADDRESS  |             | .3 STREET  | T AFAD   | DECC         |   | o                                       | ,        |  |
|   |             |            |          | 1            | 13555 Automobile Blvd.  | Suite                                   | 450      |  |
| CITY-ST-ZIP<br>TIFLE  | <del></del> | .4 CITY-S  | 51-211   |              | Clearwater, FL 34622  | Change                                  | Addition |  |
| NAME  | <del></del> | .2 NAME    |          |              |   |   |          |  |
| STREET ADDRESS  |             | 3 STREET   | naa r    | RESS         |   |   | ]        |  |
| CITY-ST-ZIP   |             | 4 CITY-    |          | ١.           |   |   | }        |  |
| TITLE   |             | 1 Till F   | <u> </u> |              |   | Change                                  | Addition |  |
| NAME  |             | 2 NAME     |          |              |   | _                                       | ]        |  |
| STREET ADDRESS  | <b>1</b> .  | 3 STREET   | r add    | RESS         |   |   | 1        |  |
| CITY-ST-ZIP   |             | 4 ÇITY-    | ST-21    | IP           |   |   | 1        |  |
| TITLE   | DELETE      | .1 TITLE   |          |              |   | Change                                  | Addition |  |
| NAME  | ]           | . 2 NAME   |          |              |   |   | }        |  |
| STREET ADDRESS  |             | .3 \$18561 | 1 ADĐ    | RESS         |   |   | ľ        |  |
| CITY-ST-ZIP   |             | 4 CHY-5    | ST - 71  | ρ            |   |   |          |  |
| TITLE   | DELETE      | 1 TITLE    |          |              |   | ☐ Change                                | Addition |  |
| NAME  |             | .2 NAME    |          | Ì            |   |   | Ì        |  |
| STREET ADDRESS  |             | 3 STREET   | T ADD    | RESS         |   |   |          |  |
| CITY-ST-ZIP   |             | 4 CITY - S | S1 - ZII | F            |   |   |          |  |
| TITLE   | DELETE      | TALE       |          | )            |   | L.) Change                              | Addition |  |
| NAME  | l ·         | 2 NAME     |          | - }          |   |   | ĺ        |  |
| STREET ADDRESS  | ļ.          | .3 STREET  | i add    | RESS         |   |   | 1        |  |
| CITY-ST-ZIP   | <del></del> | 4 CITY - S |          |              |   |   |          |  |
| 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. |             |            |          |              |   |   |          |  |

Florida

U.S.A.

Name

Country

SIGNATURE:

4/29/97