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FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000027155 (5)

1. Corporation Name

COMPLIANCE ENGINEERING CONSULTANTS, INC.

Principal Place of Business

11803 PURPLE LILAC CIRCLE
ORLANDO FL 32837

Mailing Address

11803 PURPLE LILAC CIRCLE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

2. Principal Place of Business

2a. Mailing Address

21 2217 POLO CLUB DRIVE
Suite, Apt. #, etc.

26 2217 POLO CLUB DRIVE
Suite, Apt. #, etc.

4. FEI Number

593-443847

Applied For

Not Applicable

22 101

27 101

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 KISSIMMEE, FL

28 KISSIMMEE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34741

25 USA

29 34741

30 USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WETHERINGTON, MICHAEL B
11803 PURPLE LILAC CIRCLE
ORLANDO FL 32837

81 Name

WETHERINGTON, MICHAEL B

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

2217 POLO CLUB DRIVE

83

APT. # 101

84

City

KISSIMMEE

FL

85 Zip Code

34741

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WETHERINGTON, MICHAEL B
STREET ADDRESS 11803 PURPLE LILAC CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2217 POLO CLUB DRIVE APT. #101
KISSIMMEE, FL 34741

TITLE S
NAME WETHERINGTON, LYNN C
STREET ADDRESS 11803 PURPLE LILAC CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

2217 POLO CLUB DRIVE APT. #101
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. WETHERINGTON

4/24/98 (407) 933-2629

Date

Daytime Phone # 0514170

CR2E034 (10/97)