6-11-98 B 7936 C

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Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P97000031068 (4)**

1. Corporation Name
ALLEN CRAIG CIVIL ENGINEERING, INC.

Principal Place of Business	Mailing Address
456 SOUTH CENTRAL AVE. OVIEDO FL 32765	456 SOUTH CENTRAL AVE. OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 109 W. Broadway	26 P.O. Box 916009	04/04/1997	
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.	4. FEI Number 59-3440841	Applied For / Not Applicable
23 Oviedo, FL	28 Longwood, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip 32765 / 25 Country	29 Zip 327916009 / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		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
ICARDI, JEFFREY A 237 LOOKOUT PLACE SUITE 100 MAITLANDO FL 32751	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: Paul S Allen (Signature required for printed name of registered agent and officer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CRAIG, MICHAEL	1.2 NAME	CRAIG, Michael
STREET ADDRESS	P.O. BOX 916009	1.3 STREET ADDRESS	1020 Shangri-La Lane
CITY-ST-ZIP	LONGWOOD FL 32791-6009	1.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ALLEN, DAVID E	2.2 NAME	~~David~~ Allen, David E
STREET ADDRESS	P.O. BOX 916009	2.3 STREET ADDRESS	106 Colyer DR.
CITY-ST-ZIP	LONGWOOD FL 32791-6009	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Paul S Allen 5/15/98 (407) 862-3947