

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90075 033 ***150.00

DOCUMENT # P97000034987

1. Corporation Name

BURCAW & ASSOCIATES ENGINEERING, INC.

Principal Place of Business

6015 BENJAMIN ROAD
#320
TAMPA FL 33629

Mailing Address

6015 BENJAMIN ROAD
#320
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

59-3440803

Applied For

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BURCAW, AMY E
6015 BENJAMIN ROAD
#320
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Amy M. Burcaw
82 Street Address 6015 Benjamin Rd Suite 320
83
84 City Tampa FL 85 Zip Code 33634

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

Amy M. Burcaw

DATE 3/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PT
NAME BURCAW, LAURIE S
STREET ADDRESS 15644 EASTBOURN DRIVE
CITY-ST-ZIP ODESSA FL 33556 ☐ DELETE

TITLE VP
NAME ARMSTRONG, DAVID G
STREET ADDRESS 7251 16TH STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☒ DELETE

TITLE S
NAME BURCAW, AMY E
STREET ADDRESS 4211 WEST ZELAR STREET
CITY-ST-ZIP TAMPA FL 33629 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President, S ☒ Change ☐ Addition
3.2 NAME Amy M. Burcaw
3.3 STREET ADDRESS 4211 W. Zelar St.
3.4 CITY-ST-ZIP Tampa, FL 33629

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Steven E. Semple
4.3 STREET ADDRESS 1024 Docksides Drive
4.4 CITY-ST-ZIP Lutz, FL 33549

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE Amy M. Burcaw

DATE 3/25/99

DAYTIME PHONE # 813-882-8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)

0397681