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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000036431

1. Corporation Name

Principal Place of Business

CIVIL-TECH CONSULTING ENGINEERS, INC.

12 SOUTH MAIN STREET

**BROOKSVILLE FL 34601** 

TITTERINGTON, LYLE R

12 SOUTH MAIN STREET

BROOKSVILLE FL 34601

12 SOUTH MAI BROOKSVILLE	• •	12 SOUTH MAIN STREET BROOKSVILLE FL 34601			3.	. Date Inc	corporated or Qualife	RITE IN THIS	SPAC	E		
	Constant	2- Mailing Address				FEL Num		<del></del>	$\overline{}$	Δnr	olied For	
2. Principal Place of Business 2a. Mailing Address									-	<del></del>	Applicable	
21		26				<u>59-345</u>	<del>24340</del>	<del></del>	60			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5.	5. Certifcate of Status Desired			\$8.75 Additional Fee Required				
22		27						<del>-</del> -		•		
City & State		City & State		6.						Мау Ве		
23		28			-	Trust Fund Contribution Added to Fe					o Fees	
Zip	Country Zip Co			~~	8.	8. This corporation owes the current year Intangible						
24	25	29 30	30				l Property Tax.		☐ Ye		□No	
Name and Address of Current Registered Agent					10.	10. Name and Address of New Registered Agent						
HOGAN, THOMAS S JR 20 SOUTH BROAD STREET BROOKSVILLE FL 34605  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				Physical participation submits this statement for the purpose of changing							Zip Code	
office or r	egistered agent, or both, in the State	of Florida. Such change was authoriz ations of, Section 607.0505, Florida St	ed by atutes	the corpo	required when	reinstating)	rectors. I nereby acc	DATE	, municin	t as reg	Jistereu 	
12. OFFICERS AND DIRECTORS 13.							NS/CHANGES TO C					
TITLE	D	☐ DELETE 1.1			Dire	ctore	President		<b>∑</b> CI	hange	Addition	
NAME	GARMAN, ALAN K		1.2 NAME		Akn	K.C	arman		- •			
STREET ADDRESS	STREET ADDRESS 12 SOUTH MAIN STREET 1.3 S			ADDRESS	12 5.	S. Main St. Prooksvilk, FL 34601						
CITY-ST-ZIP									<b>₽</b>	hanne	Addition	
TITLE	D		TITLE		Dirk		AICE- LLES	sident	~~	hange		
NAME	MATASSA, RICHARD J JR	2.2	NAME		Rich	ard.	J. Modass	a,				

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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 City-St-ZiP

23 STREET ADDRESS 12 S. Main St.

Brooksville, FL

leather L. Elliott

Brooksville. FL 34601

434 Coclar Drive

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

FFICER OR DIRECTOR

☐ DELETE

DELETE

DELETE

☐ DELETE

34601

Change

Change

Change

CR2E034 (11/98)

☐ Addition

Addition

Addition

Addition

=::

=:::

**FILED** 

May 17, 1999 8:00 am Secretary of State

05-17-1999 90022 003 \*\*\*150.00