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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000045523

1. Corporation Name
LEA ENGINEERING AND ASSOCIATES, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6028 CHESTER AVE. SUITE 105 JACKSONVILLE FL 32217
Mailing Address: 6028 CHESTER AVE. SUITE 105 JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: 05/22/1997
4. FEI Number: 59-3450456
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: No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
City & State (22, 27)
Zip (23, 28)
Country (24, 25, 29, 30)

9. Name and Address of Current Registered Agent
LEA, RUSSELL P
6028 CHESTER AVE, SUITE 105
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
81 Name: LEA, RUSSELL
82 Street Address (P.O. Box Number is Not Acceptable): 6028 CHESTER SUITE 105
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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] DATE: 3/26/99
(NOTE: Registered Agent signature required when reinstating)

Table 12: OFFICERS AND DIRECTORS. Contains one entry for LEA, RUSSELL P with fields for Title, Name, Street Address, and City-ST-ZIP.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Contains 24 rows for potential additions or changes to the officer/director list.

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] DATE: 3/26/99 DAYTIME PHONE #: (904) 730-8010

CR2E034 (11/98)