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

Principal Place	e or pusiness	Mailing Address					
6028 CHESTER JACKSONVILLE	AVE. SUITE 105 FL 32217	6028 CHESTER AVE. S JACKSONVILLE FL 322					
Unontoonnie	, 1 511,	0.101.001.01.223		DO NOT WRITE IN TH	IS SPACE		
				3. Date incorporated or Qualifed		}	
				05/22/1997			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For	
21		26		59-3450456	Not	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 A	dditional	
22		27		5. Certifcate of Status Desired	Fee Rec		
City & State	-	City & State	<i>-</i>	. 6. Election Campaign Financing	, \$5.00 i		
23		28	<u></u>	Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible		
24	25	29	30	Personal Property Tax.		ØNo	
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registere	d Agent		
IEA	RUSSELL P		81 Name	LEA, RUSSELL			
	CHESTER AVE, SUITE 105			82 Street Address (P.O. Box Number is Not Acceptable)			
				028 CHESTER			
JACI	(SONVILLE FL 32217		83	4178 105			
			84 City _		. 85 Zip C	ode	
				FALKSONVILLE F	L 322	シフ	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	atutes, the above-named c	ornoration submits this statement for the purpose	of changing its	egistered	
office or r	egistered agent, or both, in the Sta m fa <u>miliar wi</u> th, and accept the obli	ite of Florida. Such change wa	as authorized by the corboi	ration's board of directors. I hereby accept the app	oointment as reg	istered	
agent. i a	m tamular with, and accept the obli	igations di, section 607.0303,	Fiorida Statutes.	7/2/10	10		
SIGNATURE	Signature, typed or printed name of registered a	event and title if environie (h	NOTE: Registered Agent signature red	puired when reinstating)	7		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	<u> </u>	Change	Addition	
NAME	LEA, RUSSELL P		1.2 NAME				
	6028 CHESTER AVE., SUITE	105	1.3 STREET ADDRESS				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	100					
CITY-ST-ZIP	JACKSONVILLE FL 32217	□ ACL CTO	1.4 CITY-ST-ZIP		Change	Addition	
TITLE		☐ DELETE			□ change		
NAME			2.2 NAME			ł	
STREET ADDRESS			2.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TTLE		Change	Addition	
			\$ 		[
I NAME							
NAME :	م شد دهي المحاد		,3.2 NAME .				
STREET ADDRESS	، ڪانو الله		3.3 STREET ADDRESS			,- 	
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP TITLE		DELETE	3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE			☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 STREET ADDRESS 3.4 . CITY-ST-ZIP 4.1 TITLE 4. 2 NAME			☐ Addition	
STREET ADDRESS CITY+ST-ZIP TITLE			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS			Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change		

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Addition

Change

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90041 004 ***150.00