**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000065514

ENGINEERING SOLUTIONS & ANALYSIS GROUP, INC.

Principal Place of Busines	
9017 LATIMER ROAD EAST	
IACIZOCANULLE EL GODEZ	

Mailing Address

## Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90088 034 \*\*\*150.00



9017 LATIMER JACKSONVILLE		9017 LATIMER ROAD EAST JACKSONVILLE FL 32257			3. Da	ate Incorpo		OT WRITE IN THI	IS SPACE	
					0	7/28/19!	97			
2. Principal Pl	lace of Business	2a. Mailing Address			1	El Number				Applied For
21		26			5	<u>9-34611</u>	<u>38                                    </u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 5, Ce	ertifcate of	Status De	esired 🔲 -		Additional_ Required
City & State	9	City & State			<b>I</b>	ection Car		- 1		May Be to Fees
Zip	Country	Zip	Cou	ntry	8. Th	nis corpora	tion owes	the current year I	ntangible	
24		29 30	0			ersonal Pr			☐ Yes	<b>™</b> No
	9. Name and Address of Current	Registered Agent			10. N	ame and	Address	of New Registere	d Agent	
9017	ON, JOHN L ' LATIMEL ROAD E			81 Name 82 Street	Address (P.O	Box Num	ber is No	t Acceptable) ROAD	E	
JAC	KSONVILLE FL 32257			83						
				84 City				F	85 Ziç	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orizec	by the corpo	corporation si oration's board	ubmits this d of directe	statemer ors. I here	nt for the purpose oby accept the app	of changing i	ts registered registered
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered	Agent signature r	equired when reins			DATE		
12.	OFFICERS AND		13.		00			S TO OFFICERS	1506h	
TITLE	PD	☐ DELETE	1.1 TI		PD	INE	STI	PHENP	<b>™</b> Change	e Addition
NAME	MCCLURE, STEPHEN P		1.2 N		MCCL			crela.		
STREET ADDRESS	722 FRUIT COVE LANE		1.3 ST	REET ADDRESS	(430)		ras -	3.106		
CITY-ST-ZIP	JACKSONVILLE FL 32259			TY-ST-ZIP	<b>ೂ</b> ಂತಿರಡಿ	tock	<u>UA</u>	30188		e Addition
TITLE	VD	☐ DELETE	2.1 Tř						☐ Change	Addition
NAME	STRICKLIN, DAVID M		2.2 N/	WE						
STREET ADDRESS	1736 MOSSY CYPRESS LANE			REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32223			TY-ST-ZIP -	-				☐ Change	= [ Addition
TITLE	STD	☐ DELETE	3.1 TI					•	□ Change	Addition
NAME	YADON, JOHN L		3.2 N/		<u> </u>					
STREET ADDRESS	9017 LATIMER ROAD EAST			REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32257		_	ITY-ST-ZIP	-				☐ Change	e Addition
TITLE		☐ DELETE	4.1 TF						Onlange	
NAME			4. 2 N							
STREET ADDRESS				REET ADDRESS						
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TITLE		□ pereie	5.1 TI 5.2 N							٠
NAME			1	REET ADDRESS	J					
STREET ADDRESS				TY-ST-ZIP	1					
CITY-ST-ZIP		□ DELETE	6.1 TI						Change	e Addition
TITLE		C) OCCCIC	6.2 N/						+g	
NAME				REET ADDRESS						
STREET ADDRESS				TY-ST-ZIP						
CITY-ST-ZIP	entify that the information supplied with				<u> </u>	40.07(0)(1)	F144- (			

indicated on this annual report or supplied with this liming does not qualify for the exemption states in Section 13.07(5)(f), include statutes, indicated in 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: