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

DOCUMENT # P97000083004

P & L ENGINEERING, INC.

Principal Place of Business Mailing Address 1277 ALIPORT ROAD							
JACKSONVILLE FL 32598	Principal Place of Business		Mailing Address				F 100 1100 F 110 July (100 to 100 to
JACKSONVILLE FL 32258	12717 ALLPORT ROAD		12717 ALLPORT ROAD				
2. Principal Place of Business	JACKSONVILLE FL 32258		JACKSONVILLE FL 32258				DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. Status Suite, Apt. #, etc. Suite, Apt.							
2. Mailing Address 2. Mailing Address 3. FEI Number 5.9-3476619 Not Applicable Not Applicable South, Apt. #, etc. Suite, Apt. #, etc. State Status			•				· 1
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scriftcate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$75.00 May 6e Added to Fees \$75		ace of Business	H -				
27	21						\$8.75 Additional
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Trust Fund Contribution							6. Election Campaign Financing S5.00 May Be
Zip Country Zip Country Zip Country S. This corporation owes the current year intangible Personal Property Tax. Yes No			28				
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE 850 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Sections 607.0505, Florida Statutes. SIGNATURE 850 Addition Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 12. 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, or both, in the florida of the purpose of changing its registered agent. Addition agent. I have a supplied agent. I have a s		Country		Co	untry		8. This corporation owes the current year Intangible
BERRY, PAMELA M 12717 ALLPORT ROAD JACKSONVILLE FL 32258 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST BERRY, PAMELA M 12717 ALLPORT ROAD 13. STREET ADDRESS CITY-ST-ZP BERRY, PAMELA M 12717 ALLPORT ROAD 13. STREET ADDRESS 14.GITY-ST-ZP BERRY, PAMELA M 12717 ALLPORT ROAD 13. STREET ADDRESS 14.GITY-ST-ZP BERRY, PAMELA M 12717 ALLPORT ROAD 22. NAME BERRY, PAMELA M 12717 ALLPORT ROAD 23. STREET ADDRESS CITY-ST-ZP BERRY, LEWIS C III 22. NAME 32. NAME 32. NAME 33. STREET ADDRESS 44. GITY-ST-ZP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition Addition BERRY, LEWIS C III 22. NAME 32. NAME 32. NAME 33. STREET ADDRESS 34. GITY-ST-ZP 37. NAME 38. ZIP Code 44. DRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addit	24	25	29	30			Personal Property Tax. ☐ Yes ☐ No
BERRY, PAMELA M 12717 ALLPORT ROAD JACKSONVILLE FL 32258 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 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, or pointed name of 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST DELETE 11. TITLE DPST BERRY, PAMELA M 12. TALLPORT ROAD 13. STREET ADDRESS 12717 ALLPORT ROAD 13. STREET ADDRESS 14. CITY-ST-ZIP JACKSONVILLE FL 32258 14. CITY-ST-ZIP JACKSONVILLE FL 32258 14. CITY-ST-ZIP JACKSONVILLE FL 32258 12717 ALLPORT ROAD 23. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. TITLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIO							10. Name and Address of New Registered Agent
12717 ALLPORT ROAD JACKSONVILLE FL 32258 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 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, 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, 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 agent and size in applicable. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST DELETE 1.1 TITLE DPST 1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTELE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INT					81	Name	
12717 ALLPORT ROAD JACKSONVILE FL 32258 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, with and accept the obligations of, Section 607.0505, Florida Statutes, the appointment as 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, and the replication of the purpose of changing its registered agent, or both, in the State of Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST DELETE 1.1 TITLE DPST DELETE 1.1 TITLE DPST ACKSONVILLE FL 32258 1.4 CITY-ST-ZIP JACKSONVILLE FL 32258 1.4 CITY-ST-ZIP JACKSONVILLE FL 32258 1.4 CITY-ST-ZIP JACKSONVILLE FL 32258 1.5 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE ACKSONVILLE FL 32258 3.2 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32258 3.3 STREET ADDRESS JACKSONVILLE FL 32258 3.3 STREET ADDRESS CITY-ST-ZIP TITLE ACKSONVILLE FL 32258 3.4 CITY-ST-ZIP TITLE ACKSONVILLE FL 32258 3.5 STREET ADDRESS ACKSONVILLE FL 32258 3.5 STREET ADDRESS ACKSONVILLE FL 32258 3.5 STREET ADDRESS	BERRY, PAMELA M				92	Ctroot Ada	drage (B.O. Boy Number is Not Acceptable)
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	l office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	ed by	the corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	TE: Registere	ed Ager	nt signature requir	ired when reinstating) DATE
NAME BERRY, PAMELA M 1.2 NAME 1.2 NA				13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STREET ADDRESS	TITLE	DPST	☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
12717 ALLPORT ROAD	NAME	BERRY, PAMELA M		1.21	NAME		
CITY-ST-ZIP	STREET ADDRESS			1.3 5	STREE	TADDRESS	
TITLE V DELETE 2.1 TITLE Change Addition NAME BERRY, LEWIS C III 22 NAME	i i			1.4 (CITY-S	T-ZIP	
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STREET ADDRESS		RERRY LEWIS C.III		2.21	NAME		
CITY-ST-ZIP JACKSONVILLE FL 32258 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change Addition NAME 32 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME AMME Addition	_			2.3 9	STREE	TADDRESS	
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STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME				321	NAME		
3.4. CITY-ST-ZIP	i			3.3 9	STREE	TADDRESS	
TITLE							
NAME 4. 2 NAME			☐ DELETE				Change Addition
1.9 0116				4, 2	NAME		
	STREET ADDRESS					TADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 chapted, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TIDE

NAME

TITLE

☐ DELETE

DELETE

☐ Change

☐ Change

☐ Addition

Addition

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90247 043 ***150.00

CONTRACTOR CONTRACTOR