

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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000103255 (0)**

1. Corporation Name

TRANSPORTATION AND ENGINEERING CONSULTANTS, INC.

Principal Place of Business

**711 S.W. 75TH STREET, APT. 210
GAINESVILLE FL 32607**

Mailing Address

**711 S.W. 75TH STREET, APT. 210
GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1997	
21	4459 SW 90th Court	26	P.O. Box 911	4. FEI Number 59-3495832	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Trenton, Florida		28 Trenton, Florida			
Zip	Country	Zip	Country		
24 32693	25	29 32693	30		

9. Name and Address of Current Registered Agent

**ENWALL, PETER C.K.
2790 NW 43RD ST
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/C
STREET ADDRESS		1.3 STREET ADDRESS	Jeanne W. Hendrix
CITY-ST-ZIP		1.4 CITY-ST-ZIP	P.O. Box 911
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Trenton, Florida 32693
NAME		2.2 NAME	V/D
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Linda K. Floyd
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	5615 SW 105th Avenue
NAME		3.2 NAME	Gainesville, Florida 32608
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	S,T/D
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Timothy M. Matthews
STREET ADDRESS		4.3 STREET ADDRESS	3236 NW 30th Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, Florida 32605
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: **Timothy M. Matthews** 4-12-98 (352) 375-2415

CP2E034 (10/97)