

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90151 007 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000103255

1. Corporation Name

TRANSPORTATION AND ENGINEERING CONSULTANTS, INC.

Principal Place of Business

4459 SW 90TH CT  
TRENTON FL 32693  
US

Mailing Address

PO BOX 911  
TRENTON FL 32693  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3495832

Applied For

Not Applicable

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. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3324 W. University Ave

Suite, Apt. #, etc.

27 345

City & State

28 Gainesville, FL

Zip Country

29 32607 30

9. Name and Address of Current Registered Agent

ENWALL, PETER C.K.  
2790 NW 43RD ST  
GAINESVILLE FL 32606

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

TITLE	PC	<input type="checkbox"/> DELETE
NAME	HENDRIX, JEANNE W	
STREET ADDRESS	PO BOX 911	
CITY-STATE-ZIP	TRENTON FL 32693	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLOYD, LINDA K	
STREET ADDRESS	5615 SW 105TH AVE	
CITY-STATE-ZIP	GAINESVILLE FL 32608	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, TIMOTHY M	
STREET ADDRESS	3236 NW 30TH PL	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEDGECOCK, CRAIG R	
STREET ADDRESS	27 NW 48TH BLVD	
CITY-STATE-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE: Timothy M. Matthews Timothy M. Matthews 4-24-99 (904) 268-5457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)