


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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90103 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000020773**

1. Corporation Name  
**NEAL HILER ENGINEERING, INC.**

Principal Place of Business SOUTH POINTE CENTRE 740 FLORIDA CENTRAL PARKWAY, SUITE 2012 LONGWOOD FL 32750	Mailing Address SOUTH POINTE CENTRE 740 FLORIDA CENTRAL PARKWAY, SUITE 2012 LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>1415 WEST STATE RD. 434</u>	2a. Mailing Address 26 <u>1415 WEST STATE RD 434</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <u>LONGWOOD, FL</u>	28 City & State <u>LONGWOOD, FL</u>
24 Zip <u>32750</u> 25 Country <u>USA</u>	29 Zip <u>32750</u> 30 Country <u>USA</u>

3. Date Incorporated or Qualified <b>03/04/1998</b>	
4. FEI Number <u>59-3495857</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HILER, NEAL B**  
**SOUTH POINTE CENTRE**  
**740 FLORIDA CENTRAL PARKWAY, SUITE 2012**  
**LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name <u>HILER NEAL B.</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>1415 WEST STATE RD 434</u>
83
84 City <u>LONGWOOD</u> 85 Zip Code <u>FL 32750</u>

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 Neal B. Hiler, President NEAL B. HILER DATE 2/21/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HILER, NEAL B PE</b>
STREET ADDRESS	<b>740 FLORIDA CENTRAL PKWY, STE 2012</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, JUDY A</b>
STREET ADDRESS	<b>740 FLORIDA CENTRAL PKWY, STE 2012</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<u>C/P/D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>HILER, NEAL B.</u>
1.3 STREET ADDRESS	<u>1415 W. STATE RD 434</u>
1.4 CITY-ST-ZIP	<u>LONGWOOD, FL 32750</u>
2.1 TITLE	<u>M/V/S/T/D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>MORRIS, JUDY A</u>
2.3 STREET ADDRESS	<u>1415 W. STATE RD 434</u>
2.4 CITY-ST-ZIP	<u>LONGWOOD, FL. 32750</u>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Judy A. Morris, Ex. Vice President JUDY A. MORRIS DATE 2/21/99 Daytime Phone # (407) 339-8001

CR2E034 (1/198)