

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

FILED  
Jun 22, 1999 8:00 am  
Secretary of State

06-22-1999 90003 035 \*\*\*150.00

DOCUMENT # P98000036748

1. Corporation Name

ENGINEERING WEB, INC.

Principal Place of Business

Mailing Address

PMB 322  
12620-3 Beach Blvd  
Jacksonville, FL 32246

PMB 322  
12620-3 Beach Blvd  
Jacksonville, FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 22, 1998

4. FEI Number

65-0841875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

12620-3 Beach Blvd  
Suite, Apt. #, etc.  
PMB 322

12620-3 Beach Blvd  
Suite, Apt. #, etc.  
PMB 322

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Country

Zip

Country

32246

32246

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Dr. Barbara Rasheed

82 Street Address (P.O. Box Number is Not Acceptable)

11402 Gibraltar Place

83

84 City

Temple Terrace

FL

85 Zip Code

33617

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 Barbara Rasheed

BARBARA RASHEED

06/16/99

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
DEXTER FRANCIS  
1110 Atlantic Blvd #415  
Jacksonville, FL 32225

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
DEBLIN FRANCIS  
1110 Atlantic Blvd #415  
Jacksonville, FL 32225

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
mercilyn Francis  
1110 Atlantic Blvd  
Jacksonville, FL 32225

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

4. 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: Dexter Francis DEXTER FRANCIS

06/16/99

904.631.0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)