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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000046026

FERNQUIST ENGINEERING, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90077 012 ***150.00



Principal Place of Business Mailing Address						1 0101 (8411 96 114 88141 A1	1171 48 711 51616 4 1111 59 1	16 11010 6111 (881	
105 WEST WHEELER ROAD 105 WEST WHEELER ROAD SEFFNER FL 33584 SEFFNER FL 33584						DO NOT WRITE I	N THIS SPACE		
					3. Date Incorporate 05/21/1998	ed or Qualifed			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For	
21	aco o, accco	26			59-351	374 8		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional		
22)		27		5. Certifcate of Sta	tus Desired	Fee F	Required		
City & State		City & State		6. Election Campai	ign Financing	\$5.00	May Be		
23		28		Trust Fund Contribution			to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation	owes the current	year Intangible		
24	25 29 30		10		Personal Property Tax.		☐ Yes	☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent	10. Name and			Address of New Registered Agent			
	-			81 Name T	KULLDA	5 R1 11	23 Tu	າ	
CORPORATION SERVICE COMPANY				82 Street Add	Iress (P.O. Box Number	is Not Acceptable		*	
1201 HAYS STREET				(31)	N. CHUR		%= -		
TALLAHASSEE FL 32301-2525				83	NA (C. 4)				
				IAM	ra, ru	-	loc Zin	Codo	
				84 City	•	•	FL 85 Zip	Code 36.07	
44 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the at	ove-named con	poration submits this sta	tement for the pur	pose of changing it	s registered	
office or re	egistered agent, or both, in the State.	of Florida. Such change was aut	horized	by the corporat	ion's board of directors.	I hereby accept th	e appointment as r	egistered	
agent. 1 ai	m familiar with, and accept the obliga	more de, Section 107.0303, Florid	ia Statt	ies.		2 1016	29		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				Agent signature requir	red when reinstating)	-101	DATE		
12.		ND DIRECTORS	13.			NGES TO OFFICE	ERS AND DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1.1 ТП	LE	,		Change		
NAME	FERNQUIST, LYLE		1.2 NA	ME					
STREET ADDRESS	105 WEST WHEELER ROAD		1.3 ST	REET ADDRESS			•		
	SEFFNER FL 33584		1	Y-ST-ZIP				-	
CITY-ST-ZIP TITLE	OEITHEITTE GOODT	☐ DELETE	2.1 TIT				☐ Change	☐ Addition	
NAME		_	2.2 NA	MF		. '		ĺ	
				REET ADDRESS					
STREET ADDRESS				TY-ST-ZIP				1	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TII				☐ Change	Addition	
			3.2 NA					,	
NAME				REET ADDRESS					
STREET ADDRESS				TY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT				Change	Addition	
			4. 2 N						
NAME				REET ADDRESS					
STREET ADDRESS			1						
CITY-ST-ZIP		☐ DELETE	5.1 TH	Y-ST-ZIP			☐ Change	Addition	
TITLE		_ 5	5.2 NA	I					
NAME				REET ADDRESS		•			
STREET ADDRESS				Y-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TII				Change	Addition	
TITLE		☐ DELETE	6.2 NA						
NAME									
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			6.4 CF	TY+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:

E4 (813)661-5733