


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90003 034 ***150.00

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|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000111617 |  |
| 1. Entity Name DILLON ENGINEERING ASSOCIATES, INC. | |

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|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business 9850 INTERSTATE CENTER DR JACKSONVILLE, FL 32218 US | Mailing Address 9850 INTERSTATE CENTER DR JACKSONVILLE, FL 32218 US |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02112004 Chg-P CR2E034 (10/03)

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3615115 | Applied For <input type="checkbox"/> Not Applicable |
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|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

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|------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent COHEN, DAVID C/O NORTH LAURA STREET, 12TH FLOOR JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent Name EDCOLAW, INC. Street Address (P.O. Box Number is Not Acceptable) 6 East Bay Street Suite 500 City Jacksonville FL Zip Code 32202 | |
|------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **EDCOLAW, INC. by Laura W. Austin, Secretary**

SIGNATURE *Laura W. Austin, Secretary* DATE **2/17/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DILLON, JOSEPH B 2396 STONEY GLENN DR. ORANGE PARK, FL 32003 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] DATE **2/13/04** DAYTIME PHONE # **766-8886**