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**

DOCUMENT # **S06654**

1. Corporation Name

ENGINEERING DYNAMICS INC.

Principal Place of Business	Mailing Address		
3403 TARPON WOODS BLVD. PALM HARBOR FL 34685	3403 TARPON WOODS BLVD. PALM HARBOR FL 34685		
2. Principal Place of Business	2a. Mailing Address		

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90101 035 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/09/1990 4. FEI Number Applied For 59-3034885 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. □No ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAMBERLIN, BETH E. 82 Street Address (P.O. Box Number is Not Acceptable) 3403 TARPON WOODS BLVD. PALM HARBOR FL 34685 83 84 City 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 a	m familiar with, and accept the obligations of, Si	ection 607.0505, Flori	da Statutes.	on a social of an octoral. Thereby accept the appointment as in	egistered		
SIGNATURE	Beth & Clanser lin			2/5/99			
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/CHARGES TO OFFICERS AND DIRECTORS							
	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	.	☐ DELETE	1.1 TITLE	Change	Addition		
NAME	CHAMBERLIN, ROBERT		1.2 NAME				
STREET ADDRESS	3403 TARPON WOODS BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE	Change	☐ Addition		
NAME	CHAMBERLIN, BETH		2.2 NAME	_ •	_		
STREET ADDRESS	3403 TARPON WOODS BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		2. 4 CITY+ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change	Addition		
NAME	CHAMBERLIN, ROBERT W.		3.2 NAME	_ •	_		
STREET ADDRESS	3403 TARPON WOODS BLVD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP				
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME	CHAMBERLIN, BETH E		4. 2 NAME				
STREET ADDRESS	3403 TARPON WOODS BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	. Change	Addition		
NAME			5.2 NAME	•			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Ì		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition		
NAME			6.2 NAME	, – -	_		
STREET ADDRESS			6.3 STREET ADDRESS				
OTT OT THE			0.4.0FF/, 07.7FD				

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:

2 Feb 89