

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90132 020 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S19893**

1. Corporation Name

**THE KIMLEY-HORN GROUP, INC.**

Principal Place of Business

**4431 EMBARCADERO DRIVE  
WEST PALM BEACH FL 33407-3258**

Mailing Address

**4431 EMBARCADERO DRIVE  
WEST PALM BEACH FL 33407-3258**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/20/1990**

4. FEI Number

**56-1724356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$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

**21 3001 Weston Parkway**

2a. Mailing Address

**26 P.O. Box 33068**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**23 Cary, North Carolina**

**27**  
City & State

**28 Raleigh, North Carolina**

Zip Country

**24 27513 25 USA**

Zip Country

**29 27636-3068 30 USA**

9. Name and Address of Current Registered Agent

**CONRAD, JOHN R  
4431 EMBARCADERO DR  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

**81 Name Barton J. Barham**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**4431 Embarcadero Drive**  
**83 West Palm Beach, FL 33407**  
**84 City FL 85 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 am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Barton J. Barham*  
Signature, typed or printed name of registered agent and title if applicable

**Barton J. Barham D/SVP 1-28-99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>VICK, C.E., JR.</b>          |                                            |
| STREET ADDRESS | <b>3001 WESTON PARKWAY</b>      |                                            |
| CITY-ST-ZIP    | <b>CARY NC</b>                  |                                            |
| TITLE          | <b>P</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>WRIGHT, ROBERT G.</b>        |                                            |
| STREET ADDRESS | <b>3001 WESTON PARKWAY</b>      |                                            |
| CITY-ST-ZIP    | <b>CARY NC</b>                  |                                            |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>BARTLETT, DONALD L</b>       |                                            |
| STREET ADDRESS | <b>4431 EMBARCADERO DR</b>      |                                            |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL</b>       |                                            |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>BYRD, MICHAEL N</b>          |                                            |
| STREET ADDRESS | <b>4431 EMBARCADERO DR</b>      |                                            |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL</b>       |                                            |
| TITLE          | <b>VSTD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>WILSON, MARK S.</b>          |                                            |
| STREET ADDRESS | <b>3001 WESTON PKWY</b>         |                                            |
| CITY-ST-ZIP    | <b>CARY NC</b>                  |                                            |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WILSHIRE, ROY L.</b>         |                                            |
| STREET ADDRESS | <b>12660 COIT RD., STE. 200</b> |                                            |
| CITY-ST-ZIP    | <b>DALLAS TX</b>                |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Bartlett, Donald L.</b>                                                   |
| 3.3 STREET ADDRESS | <b>12700 Park Central Drive, Suite 1800</b>                                  |
| 3.4 CITY-ST-ZIP    | <b>Dallas, TX 75251</b>                                                      |
| 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:

*Mark S. Wilson*

**Mark S. Wilson**

**1-28-99**

**919/677-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)