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 Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90003 006 ***150.00

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1. Corporation Name

VERMEH	REN ENGINEERING CORP.		-		
Principal Place	e of Business	Mailing Address	- A***		BIBIT ÖTÖTT BIBIT BIBIT BIBIT TAUT
3865 N. PALAFO		3865 N. PALAFOX ST.			
PENSACOLA FL 32505 PENSACOLA FL 32505		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	
				01/28/1991	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3047301	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Eee Required
22		City & State		C. Flastice Constitute Financing	\$5.00 May Be
City & State	e	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	8. This corporation owes the current year II	ntangible
24	[25]		10	Personal Property Tax.	∐Yes ⊠ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agent
L/CD4	MEUDEN DICHADO V		81 Name		
	MEHREN, RICHARD Y. 5 N. PALAFOX ST.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	SACOLA FL 32505 °				
FEIN	0A00EA 1 E 02303		83		
			84 City	F	85 Zip Code
11 Dumunt	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corpo	aration cubmits this statement for the nurnose	of changing its registered
office or r	registered agent or both in the State.	of Florida. Such change was auf	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
	m familia with, and accept the obliga	nions of, Section 607.0505, Plone	AAA \/_ AA	=40.EN 3-30	. 99
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	ALI VERNE Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	VERMEHREN, RICHARD Y.		1.2 NAME		
STREET ADDRESS	3865 N. PALAFOX ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	CEO	TTI DEFE LE	2.1 TITLE		
NAME	VERMEHREN, H RICHARD 3620 BUFORD DR		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	PENSACOLA FL				
CITY-ST-ZIP	PERONOGENTE	المسجو للسار للماء الساد		والمراج المناول سيدين فالمسيدن المستنف المتحصور المناول المتحار المتحار المتحار المتحار المتحار المتحار المتحار	
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STREET ADDRESS		↑ □ DELETE	2.4 CITY-ST-ZIP"		☐ Change ☐ Addition
		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	The same of the sa	☐ Change ☐ Addition
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition☐ Change ☐ Addition☐
			2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
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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 arn 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.

ELMEHREN 3.30.99 850 4699667