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

Mailing Address

PO BOX 13975 TALLAHASSEE FL 32312

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41638

STE 201

Principal Place of Business 1415 TIMBERLANE RD

TALLAHASSEE FL 32312

NORMAN, HOUGH, WILKIE & LANE ENGINEERING, INC.

US					3. Date Incorporated or Qualifed		
					03/29/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			59-3057128	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired — \	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Inta	ngible	•
24	25	29 30]		Personal Property Tax.	Yes	□No
<u></u> L	9. Name and Address of Current	1 1	,		10. Name and Address of New Registered A	gent	
			81	Name]
NORMAN, DAVID W.					(2.0.2		
1415 TIMBERLANE RD			82	Street A	ddress (P.O. Box Number is Not Acceptable)		-
STE 201			83				
TALLAHASSEE FL 32312				1			
*******			84	City	FL	85 Zip	Code
		1007 4500 51 11 01-14	46 15 1			shanaina iti	registered.
office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	iorized by	the corpor	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	3.	·		1
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature req		DIDECT	DDS IN 12
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	PD	□ DECE IE	1.1 TITLE			□ Onling¢	
NAME	NORMAN, DAVID W.		1.2 NAME				
STREET ADDRESS	2621 NOBLE DR		1.3 STREE	TADORESS			
CITY-ST-ZIP	TALLAHASSEE FL			ST-ZIP			
TITLE	VSD	☐ DELETÉ	2.1 TITLE			☐ Change	☐ Addition
NAME	HOUGH, JOHN STEVEN		2.2 NAME				
STREET ADDRESS	700 FOREST LAIR		2.3 STREE	TADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-	ST-ZIP	·		
TITLE	VTD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	WILKIE, WILLIAM YATES		3.2 NAME				
STREET ADDRESS	12600 LAUREL HILL DR		3.3 STREE	T ADDRESS			ţ
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4. CITY-				j
TITLE	VD	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	LANE, JOSEPH A.	_	4. 2 NAME				ļ
STREET ADDRESS	1515 HICKORY AVE			T ADDRESS			
-	TALLAHASSEE FL 32303		4.4 CITY-5				
CITY-ST-ZIP	D	☐ DELETE	5.1 TITLE	71-23F		Change	☐ Addition
TITLE			5.1 MAME			_ ,	_
NAME	LACAYO, JOSEPH L			T ADDRESS			Į
STREET ADDRESS	2105 LAMBERT LANE		5.4 CITY-5				
CITY-ST-ZIP	TALLAHASSEE FL	□ DELETE	6.1 TITLE	31.7211		Change	Addition
TITLE		☐ DETEIE				⊢ Audinge	
NAME			6.2 NAME	T 4000			
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP			6.4 CITY-5	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 changes, or on an attachment with an address, with all other like empowered.

David I David W: Norman 03/09/99

850-893-7722

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90097 004 ***150.00

DO NOT WRITE IN THIS SPACE