

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S41638

1. Entity Name
NORMAN, HOUGH, WILKIE & LANE ENGINEERING, INC.



Principal Place of Business
**1415 TIMBERLANE RD
STE 201
TALLAHASSEE, FL 32312 US**

Mailing Address
**PO BOX 13975
TALLAHASSEE, FL 32317 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3057128

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORMAN, DAVID W.
1415 TIMBERLANE RD
STE 201
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	PD
NAME	NORMAN, DAVID W.
STREET ADDRESS	2821 NOBLE DR
CITY-STATE-ZIP	TALLAHASSEE, FL
TITLE	VSD
NAME	HOUGH, JOHN STEVEN
STREET ADDRESS	700 FOREST LAIR
CITY-STATE-ZIP	TALLAHASSEE, FL
TITLE	VTD
NAME	WILKIE, WILLIAM YATES
STREET ADDRESS	12600 LAUREL HILL DR
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	VD
NAME	LANE, JOSEPH A.
STREET ADDRESS	1515 HICKORY AVE
CITY-STATE-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000049058
02/13/04-800009-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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

JOE LANE

02/11/04 850-893-7722

Date

Daytime Phone #