Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90049 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S55960**

1. Corporation Name

WAKEMAN ENGINEERING CORP.

Principal Place of Business Mailing Address							T (#01/97% (8) B) O) O) O) (8) (8) (8) (9) (9)	## ### ### ### ### ### ### ### ### ###	1811 G 1811 1861	
	3307 EAST DEBAZEN AVE. 3307 EAST DEBAZEN AVE.									
ST. PETERSBURG BCH. FL 33706 ST. PETERSBURG BCH. FL 33706										
							DO NOT WRITE IN THIS SPACE			
·							3. Date Incorporated or Qualifed			
							05/29/1991			
2.	Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FEI Number	Apr	plied For	
21			26				65-0282364	Not	t Applicable	
-	Suite, Apt. i	Suite, Apt. #, etc. Suite, Apt. #, etc.					_	\$8.75 A	dditional (
22		27					5. Certificate of Status Desired	Fee.Re	quired	
_	City & State	City & State City & State					6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fund Contribution Added to Fees		o Fees			
	Zip	Country Zip Co			Country 8. This corporation owes the current year Intangible					
24		25 29 30			Personal Property Tax.					
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Agent	i	
Material Control of the Control of t						Name				
BOGGS, DAVID M.						82 Street Address (P.O. Box Number is Not Acceptable)				
215 MADISON ST					02	Street Addit	ass (F.O. Box Nulliber is Not Acceptable)			
TAMPA FL 33602					83	1				
								1-1-2-2		
						City		FL 85 Zip C	ode	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12		OFFICERS AND		1	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
ππ	.E.	DP		ELETE 1	1 TITLE			Change	Addition	
NAM	AE .	CURTIS, W BYRON JR		1	.2 NAME					
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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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS NO DE CONTRACTOR

CITY-ST-ZIPGE (STY TO YOUR A.

T. Bar

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition