2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90036 008 ***158.75

DOCUMENT # S56591 1. Entity Name POWELL & HINKLE ENGINEERING P.A.					02-20-2007 90036 008 ***158.75					
Principal Place of Business Mailing Address						P1H00				
1409 KINGSLEY AVE C/O DAVID A. KING, ATTORNEY			rney		401	020719				
12-A 1416 KINGSLEY AVE. ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073			3		_					
							H BURGH BURGH AL	EK JIRK JIRK EKR		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	01092007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Numbe 59-3076			<u> </u>	plied For t Applicable	
Zip Country		Zip	Country				V	\$8.75 Add		
					5. Certificate	of Status Desired		Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
KING, DAVID A.				Name						
ATTORNEY AT LAW			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
1416 KINGSLEY AVENUE ORANGE PARK, FL 32073			-			4.				
0.0000			City					Zip Code		
	named entity submits this statement for						FL			
	Signature, typed or printed name of registered agen E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign	·	\$5.0	nen reinstating) O May Be d to Fees		DATE			
			T	*****	4551710116	OUANOSO TO OF	ELOEBO AN	O DIBECTOR	5.18	
10.	OFFICERS AND	DIRECTORS Delete	11.	STD	ADDITIONS/	CHANGES TO OF	FICERS AN	Change	Addition	
NAME	HINKLE, ROBERT L.	L.J Delsis	NAME	סדם				E3 (/10.19c	23	
STREET ADDRESS	10821 CHEATHAM TRAIL		STREET ADDRESS	1409	Kingsl	ey Avenue	<u>,</u> 12-7	4		
CHY ST ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Oran	<u>ge Park</u>	, FL 320	73	Change	Addition	
THE NAME	D HINKLE, MIRIAM J	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	10821 CHEATHAM TRAIL		STREET ADDRESS	1409	Kingsl	ey Avenue	, 12-A	A		
CITY - ST - ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP			FI 320				
HITE		☐ Delete	TITLE	DP	lo Tam	5 D		☐ Change	X Addition	
NAME SIREET ADDRESS			STREET ADDRESS		le, Lan Kingsl	ек. ey Avenue	12-7	1		
CITY ST-ZIP			CITY-ST-ZIP	Oran	ge Park	FL 320	73 72-2	1		
IITLE		☐ Delete	TITLE	DVP				Change	X Addition	
NAME CIRCULARIONICES			NAME STREET ADDRESS		r, Thom					
STREET ADDRESS CITY ST ZIP			CITY-ST-ZIP	1409	Kingsl	ey Avenue , FL 320	42 ¹²⁻¹	A		
TITLE		☐ Delete	TITLE	wan	ne eark	,	/ >	☐ Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CHY SI ZIP			TITLE					☐ Change	Addition	
NAME		☐ Delete	NAME					L. Julinge		
STREET ADDRESS			STREET ADDRESS							
CITY ST ZIP			CITY-ST-ZIP	[

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:X

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR