

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **\$77550**

1. Corporation Name

ENGINEERING & ENVIRONMENTAL DESIGN, INC.

	<u> </u>					1					
Principal Place of Business Mailing Address											
807 S. ORLANDO AVE. 807 S. ORLANDO AVE.											
SUITE C SUITE C WINTER PARK FL 32789 WINTER PARK FL 32789							DO NOT WRITE IN THIS SPACE				
WINTER PARK FL 32789 WINTER PARK FL 32789							3. Date Incorporated or Qualifed				
							08/30/1991				
2 Principal C	lace of Business	2a. Mailing Address					FEI Number		Apr	lied For	
							59-3082047		1—1—	Applicable	
Suite, Apt.	# ato	Suite, Apt. #, etc.			+	J9 00020 <del>1</del> 1		\$8.75 A			
·········	27	, n, o.o.			5.	Certifcate of Status Desired		Fee Red			
City & State	Δ		City & State				Election Campaign Financing		\$5.00	May Re	
23	•	28				0.	Trust Fund Contribution		Added to		
Zip	Country	Zip	Count	try		8	This corporation owes the curr	ent vear into	angible		
24	25	29	30	•		"	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,		□No l	
-	9. Name and Address of Current		T			10.	Name and Address of New F	tegistered i	Agent		
-		<u> </u>	18	31	Name			_			
HUCKEBA, JAMES C							O B N b and a New Accordance	-bio)			
807 S. ORLANDO AVE.				32	Street Addre	ess (P	O. Box Number is Not Accepta	ibie)		j	
- SUITE-C				33							
WINTER PARK FL 32789									<del></del>		
			8	34	City			FL	85 Zip C	ode	
44 Durayant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es the ahr	ove-r	named como	oration	submits this statement for the	gurpose of	changing its	registered	
office or f	enistered agent or both in the State 0:	f Florida. Such change was a	ilithorized (	วง เก	e corporation	n's bo	pard of directors. I hereby accept	the appoir	ntment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	nda Statut	es.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	- Penistered A	nent ei	ignature required	when r	eiostatino)	DATE		— \	
12.	OFFICERS AND DIRECTORS 13				- griaturo roquiros		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
TITLE	PD	DELETE 1.1							☐ Change	☐ Addition	
NAME	RAY, LARRY T				2 NAME						
				1.3 STREET ADDRESS						j	
STREET ADDRESS	ORLANDO FL 32806			1.4 CiTY-ST-ZiP			•			ļ	
CITY-ST-ZIP TITLE	1700				LIF			-	Change	Addition	
, i	SHOW, JAMES T DELETE	A series	2.2 NAM				•			_	
NAME	3319 BARRIBGE LANE				DDRESS						
STREET ADDRESS	-ORLANDO FL 32812				}						
CITY-ST-ZIP		☐ DELETE	2.4 CITY 3.1 TITU		<u> </u>		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE	VPSD IAMES C	7. occese	3.1 MC								
NAME	HUCKEBA, JAMES C 31540 SOARING HAWK LANE				pporce						
STREET ADDRESS					DDRESS						
CITY-ST-ZIP	SORRENTO FL 32776			Y-ST-2	ZIP				Change	Addition	
TITLE			4.1 TITL								
NAME			4, 2 NAN							}	
STREET ADDRESS			1		DDRESS						
CITY+ST-ZIP			4.4 CITY		ŽIP	. <del></del> .			☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITL								
NAME	·	•	5.2 NAM							{	
OTDEET LEDGESO			5.3 STR	EET AI	DDRESS						

14. I hereby certify that the information supplied to his 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 asymptoty 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 reservoir or supplemental asymptoty 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 reservoir or supplemental 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 reservoir or director or director of the corporation or the reservoir or director or direc

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

1/30/99

407-599-5588

Daytime Phone

Change

**FILED** 

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90061 031 \*\*\*150.00