Mar 14, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V06132

1. Corporation Name

| | ENGINEEHING & SUHVEYIN | IG, IIVG. | | | | | | |
|--|--|-------------------------------------|--|---|----------------------------|---|----------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | 1 (441) (8) (41) (45) (4) (4) (4) (4) (4) (4) (| AT BIBLI ATOLI BIBLI DIBI | ł Babil Bigil 1881 |
| 2145 DELTA BL | VD | 2145 DELTA BLVD | | | | | | |
| SUITE 100 SUITE 100 | | | | | | | | |
| TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | | 3. Date Incorporated or Qualifed | | |
| L <u> </u> | | 10 11 11 | | | | 01/13/1992 | 11. | |
| — | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | ├ | Applied For |
| 21 | # -1- | 26 Suite Ant # etc | | | | <u>59-3109205</u> | | Not Applicable Additional |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | T - · · · - | Required |
| City & State | Α | City & State | ** | | | 6. Election Campaign Financing | <u> </u> | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | 7 | to Fees |
| Zip | Country | Zip | Countr | у | | 8. This corporation owes the current | year Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes | No |
| | 9. Name and Address of Curren | | | | 1 | Name and Address of New Regi | stered Agent | *** |
| | | | 8. | 1 Name | | | | |
| | LE, NORMA | | 8: | 2 Street | Address | (P.O. Box Number is Not Acceptable) | <u> </u> | |
| 1 | DELTA BLVD, SUITE 100 | | | | | | | |
| TALL | LAHASSEE FL 32303 | | 8 | 3 | | | | |
| | | | 84 | 4 City | | | 85 Zir | Code |
| | | | | 1 | | | FL | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statute | s, the about | ve-named | corporation's | tion submits this statement for the purp board of directors. I hereby accept the | pose of changing i | ts registered registered |
| agent. I a | m familiar with, and accept the obligat | tions of, Section 607.0505, Flori | ida Statute | s. | O GLION S | board of amount of the copy and on | - appointment | - g |
| SIGNATURE | | | | | | | | |
| | | | | | | | | |
| 12 | Signature, typed or printed name of registered agen | | Registered Age | ent signature re | required who | | DATE | OPS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | required who | en reinstating) ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | OFFICERS AN | | 13. | | required who | | ERS AND DIRECT | |
| TITLE NAME | PD POOLE, KIM L. | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | required who | | ERS AND DIRECT | |
| TITLE NAME STREET ADDRESS | PD POOLE, KIM L. 2145 DELTA BLVD, SUITE 100 | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 13 STREE | ET ADDRESS | required who | | ERS AND DIRECT | |
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: Norma Poole

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-386-5117

CR2E034 (11/98)