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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V08075

1. Corporation Name

CITY-ST-ZIP

ATLANTIC CARIBBEAN EQUIPMENT SURVEYS, INC.

Principal Place	of Business	Mailing Address					* (04)1 10101 10101 10111 10111			
13560 VALBUENA COURT		13560 VALBUENA COURT								
JACKSONVILLE FL 32224		JACKSONVILLE FL 32224				DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated or Qualife		0.7.02	
~				<del></del> -	~ ·		01/22/1992		_ ====	
2 Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		A	pplied For
21	ade of Eddinoss	26					59-3109732		N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, et	 С.					<u> </u>	\$8.75	Additional
22		27					5. Certifcate of Status Desired	Ą	Fee R	equired
City & State	8	City & State					6. Election Campaign Financin	 g	\$5.00	May Be
23		28					Trust Fund Contribution	• 🗆	Added	to Fees
Zip	Country	Zip	Co	untry	,		8. This corporation owes the cu	urrent year Int	angible	_
24	25	29	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent			т		10. Name and Address of New	v Registered	Agent	
				81	Na Na	me				
	CHMAN, ALBERT E., JR.			82	Str	eet Addre	ess (P.O. Box Number is Not Acce	ptable)		
	S. S. SRD ST									
	E 101			83	1					\
JAC	KSONVILLE BEACH FL 32240			84	Cit				85 Zip	Code
				"	, C''	-		FL	•   ``   ``	
office or re agent. I a	to the provisions of Septions 607,0502 egistered agont, or both in the State on m familiar with and accept the obligation	of Elorida. Such change	was authoriz 15. Florida Sta	ed by atutes	rine c	orporation	n's board of directors. Friereby acc	ne purpose of cept the appoi	changing it introent as r	egistered
office or reagent. I as	egistered agent, or both in the <u>state</u> or tamiliar with and accept the obligation of the obligation o	and title if applicable.	was authoriz 15. Florida Sta (NOTE: Register	ed by atutes Ager	rine c	orporation	when rematating)	9/18/ DATE	99	
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office or in agent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed spring of registered agent OFFICERS AND DP BRIGGS, KIM J. 13560 VALBUENA CT. JACKSONVILLE FL 32224	Tand title if ablicable.  D DIRECTORS	was authoriz 15. Florida Sta (NOTE_Register 1.1 1.2 1.3 1.4	ed by atutes ad Ager 3. TITLE NAME STREET CITY-S	r tine of S.	ture required	when rematating)	9/18/ DATE	ND DIRECT	ORS IN 12
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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 a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

JRED SIGNATURE 2