Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90025 020 ***158.75

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V17043

1. Corporation Name

ENVIRONMENTAL DESIGN AND PLANNING ASSOCIATES IN

C.							
Principal Place of Business Mailing Address					ž ideni dirasi risti pesti autin arana cin diat) Bibli bibli atbit b	1911 41911 1881
1424 SAN MARCO BOULEVARD JACKSONVILLE FL 32207		1424 SAN MARCO BOULEVAI JACKSONVILLE FL 32207 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					02/26/1992		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		plied For
21		26		59-3059364		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75		
22		27			Fee Re		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zin Country		Zip Country				10 1.662	
Zip	Country 25	└ ' -	o Couriu	,	This corporation owes the current year Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		1		10. Name and Address of New Registers		
	5. Name and Address of Confe	Trogiotorou Agont	81	Name			
BRANT MOORE SAPP MACDONALD & WELLS P.A.			-	-	(D.O. Davidius has in Mat A - antable)		
50 N	ORTH LAURA STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE 3100			83				
JACK	(SONVILLE FL 32202			<u> </u>			0-4-
			84	City	F	L 85 Zip (Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as	rations of, Section 607.0505, Florid	la Statutes	S. 	ation's board of directors. I hereby accept the appuired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	WILLIS, WILLIAM L.		1.1 TITLE		•	Change	Addition
NAME			1.2 NAME	<u> </u>			
STREET ADDRESS			1.3 STREE	TADDRESS	•		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			☐ Addition
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	1		2.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	DELETE		2.4 CITY-	ST-ZiP		☐ Change	Addition
MILE	•		3.1 TITLE			Change	C_1 naution
NAME	}		3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
TITLE	_		4.7 IIILE 4.2 NAME				
NAME.				\ \			
STREET ADDRESS				TADDRESS			
CITY-ST-ZiP		☐ DELETE	4.4 CITY-S 5.1 TITLE			☐ Change	Addition
TITLE		عادمات سے	5.7 TILE	ı	_		_
NAME STREET ADDRESS				T ADDRESS	·		
			5.4 CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	Ì		_ •	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP