


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90006 034 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V18727**

1. Corporation Name

**MCGOWAN & COMPANY ENGINEERING, INC.**

Principal Place of Business

20005 NW 176TH AVE  
OKEECHOBEE FL 34972  
US

Mailing Address

PO BOX 2612  
OKEECHOBEE FL 34973  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/04/1992**

2. Principal Place of Business

21 **20055 NW 176th Ave**

Suite, Apt. #, etc.

22 City & State

23 **Okeechobee, FL**

Zip

24 **34972**

Country

25 **US**

2a. Mailing Address

26 **20055 NW 176th Ave**

Suite, Apt. #, etc.

27 City & State

28 **Okeechobee, FL**

Zip

29 **34972**

Country

30 **US**

4. FEI Number

**65-0324872**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

**MCGOWAN, THOMAS F., III**  
**20055 NORTHWEST 176TH AVENUE**  
**OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE  
NAME **MCGOWAN, THOMAS F., III**  
STREET ADDRESS **20055 NW 176TH AVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE  
NAME **MCGOWAN, THOMAS F., III**  
STREET ADDRESS **20055 NW 176TH AVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **T** ☐ DELETE  
NAME **MCGOWAN, MARCIA B.**  
STREET ADDRESS **20055 NW 176TH AVE.**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

**THOMAS F. MCGOWAN**

**9/13/99**

**561-219-2825**

CR2E034 (5/99)