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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24896 (5)

1. Incorporation Name:
**CHARLES O. BUCKALEW, CONSULTING ENGINEERING SERV
ICES, INC.**

Principal Place of Business: **302 NEW HAMPSHIRE STREET
SUITE 3A
HOLLYWOOD FL 33019**
Mailing Address: **302 NEW HAMPSHIRE STREET
SUITE 3A
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1992** 3a. Date of Last Report: **03/07/1994**
4. FET Number: **65-0315554** 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 has liability for intangible tax under 1992 U.S. Florida Statutes: Yes No

2. Previous Place of Business: 26. Mailing Address:
21. State, Apt. #, etc.: 27. State, Apt. #, etc.:
22. City & State: 28. City & State:
23. City & State: 29. City & State:
24. City & State: 25. City & State: 30. City & State:

9. Name and Address of Current Registered Agent:
**BUCKALEW, CHARLES O.
302 NEW HAMPSHIRE STREET
SUITE 3A
HOLLYWOOD FL 33019**
10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. City: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0612 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent 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 607.0615, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME 2. STREET ADDRESS 3. CITY, ST., ZIP	DPS BUCKALEW, CHARLES O. 302 NEW HAMPSHIRE ST. HOLLYWOOD FL	1. NAME 2. STREET ADDRESS 3. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME 5. STREET ADDRESS 6. CITY, ST., ZIP	T BUCKALEW, CHARLES O. 302 NEW HAMPSHIRE ST. HOLLYWOOD FL	4. NAME 5. STREET ADDRESS 6. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME 8. STREET ADDRESS 9. CITY, ST., ZIP		7. NAME 8. STREET ADDRESS 9. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME 11. STREET ADDRESS 12. CITY, ST., ZIP		10. NAME 11. STREET ADDRESS 12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME 14. STREET ADDRESS 15. CITY, ST., ZIP		13. NAME 14. STREET ADDRESS 15. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME 17. STREET ADDRESS 18. CITY, ST., ZIP		16. NAME 17. STREET ADDRESS 18. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 619.02(3)(b), 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 manager 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 as an attachment with an address.

SIGNATURE: *Charles O. Buckalew*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/95 (305) 927-0561