

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V49715 (8)

1. Corporation Name

GEO SCIENCE & ENGINEERING, INC.



Principal Place of Business

Mailing Address

1770 S OCEAN BLVD #402
POMPANO BEACH FL 33062

1770 S OCEAN BLVD #402
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
07/09/1992

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 239 A. Commercial Blvd

26 1770 S. Ocean Blvd.

4. FEI Number

65-0343049

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 201

27 305

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Lauderdale by the Sea FL

28 Pompano Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33308

25 Broward

29 33062

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARROLL, SHARON E
1770 S OCEAN BLVD #402
POMPANO BCH FL 33062

81 Name

Terry A. Carroll

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

1770 S. Ocean Blvd # 305

83

84 City

Pompano Bch

FL

85 Zip Code

33062

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 Terry A. Carroll, TERRY A. CARROLL

3/4/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARROLL, SHARON E
STREET ADDRESS 1770 S OCEAN BLVD #402
CITY-ST-ZIP POMPANO BCH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1770 S. Ocean Blvd # 305
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARROLL, TERRY A
STREET ADDRESS 1770 S OCEAN BLVD #402
CITY-ST-ZIP POMPANO BCH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1770 S. Ocean Blvd # 305
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 600001789506
5.4 CITY-ST-ZIP -04/22/96--01102--014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS ***200.00
6.4 CITY-ST-ZIP 24.22

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Terry A. Carroll TERRY A. CARROLL 4/17/96 954/776-7024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)