

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 # V60178 (3)

1. Corporation Name
PREMIERE ENGINEERING, INC.



Principal Place of Business

**76505-A GUNN HWY
TAMPA FL 33625**

Mailing Address

**76505-A GUNN HWY
TAMPA FL 33625**

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

21 **7605-A GUNN Hwy**
Suite, Apt. #, etc.

2a. Mailing Address

26 **7605-A GUNN Hwy**
Suite, Apt. #, etc.

4. FEI Number
59-3139198

Applied For
Not Applicable

22 City & State
Tampa, FL

27 City & State
Tampa, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip **33625** Country **USA**

28 Zip **33625** Country **USA**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

**HAYES, TIMOTHY G.
21859 STATE RD 54
SUITE 200
LUTZ FL 33549**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARTER, WILLIAM F.	
STREET ADDRESS	7605-A GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WOOD, LISA G.	
STREET ADDRESS	7605-A GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HULL, ANDREW W	
STREET ADDRESS	7605-A GUNN HWY	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	700001812837
4.4 CITY-ST-ZIP	-05/08/96--01027--012
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(f), 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: **Lisa Wood - Lisa Wood - Sec./Treas. 4-26-96 (813)920-7338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)