

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90002 038 ***550.00

DOCUMENT # **V60995**

1. Corporation Name

STATMOR ENGINEERING, INCORPORATED

Principal Place of Business

P.O. BOX 990
HOMOSASSA FL 34487
US

Mailing Address

P.O. BOX 990
HOMOSASSA FL 34487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1992

4. FEI Number

59-3148612

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

2. Principal Place of Business

4710 W. MUSTANG BLVD

2a. Mailing Address

4710 W. MUSTANG BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, FL

City & State

BEVERLY HILLS, FL

Zip

34465

Country

U.S.A.

Zip

34465

Country

U.S.A.

9. Name and Address of Current Registered Agent

MORR, CHARLES W.
10265 W FISHBOWL DR
LOT 55
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name

MORR, CHARLES W.

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

4710 W. MUSTANG BLVD

83

84 City

BEVERLY HILLS

FL

85 Zip Code

34465

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 **Charles W. Morr**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MORR, CHARLES W**
STREET ADDRESS **10265 W FISHBOWL DR LOT 55**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4710 W. MUSTANG BLVD.
BEVERLY HILLS, FL 34465

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: **Charles W. Morr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99
Date

352/527-2453
Daytime Phone #

CR2E034 (5/99)

0111746