2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an aylachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 04, 2008 08:00 AN Secretary of State DOCUMENT # F98000004338 1. Entity Name JACK R. MORGAN ENGINEERING, INC. Principal Place of Business Mailing Address 71 THUNDERBIRD LM 228 SOUTH 8TH STREET GADSDEN AL 35904 GADSDEN AL 35901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 63-1074006 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERZOG, JIM Street Address (P.O. Box Number is Not Acceptable) 818 W. TENNESSEE ST. TALLAHASSEE FL 32304 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typod or preriod name of registered regert and title if implicable (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MORGAN, JACK R JR. 222 SOUTH 8TH ST. STREET ADDRESS STREET ADDRESS GADSDEN AL 35901 CITY-ST-ZIP CITY - ST- ZIP TITLE Defeie ☐ Change Addition NAME MORGAN, ANGELA D NAME 222 SOUTH 8TH ST. STREET ADDRESS STREET ADDRESS GADSDEN AL 35901 CITY-ST-ZIP UUUUUUB 14366 02/13/08-80041-014 158.75 TITLE Delete HILE HARAF STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUTY-ST-ZIP TOLE Deiete TITLE Change Addition | STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP [7] Change Addition TIFLE Deiete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 78P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplymental 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 receivet or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNING OFFICER OR DIRECTOR

Davisho Phone #