FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 S85104

(5)

A & E GEOTECHNICAL, INC.

Principal Place of Business

1. Corporation Name

Mailing Address

9700 KOGER BLVD SUITE 104 ST DETERSBURG EL 2227 9700 KOGER BLVD SUITE 104 ST PETERSBURG FL 3370

FILED Apr 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Date Incorporated or Qualified 10/03/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9450 KOGER BLVD KOGER BUD 9450 59-3091373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired SUITE SUITE Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be ST. PETERSBURG RTRRSBURG, FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. X Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **GUNASEKAREN, RANGASAMY** 9700 KOGER BLVD Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 104 83 ST PETERSBURG FL 33702 Suite 133 Zip Code 33702 84 City ST. PRTRASBURG 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **GUNASEKARAN, RANGASAMY** NAME 1.2 NAME 970 9450 KOGER BUVD, # 133 9700 KOGER BLVD #104 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERS BURG. 33702 ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME **2.2 NAME** STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP 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