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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000007891

1. Corporation Name
ENG PAP INC

Principal Place of Business
5150 ULMERTON RD
CLEARWATER, FL
34620

Mailing Address
SAME

2. Principal Place of Business
21 5150 ULMERTON RD
22 Suite, Apt. #, etc. 15
23 City & State CLEARWATER, FL
24 Zip 34620
25 Country PINELLA

2a. Mailing Address
26 5150 ULMERTON RD
27 Suite, Apt. #, etc. 15
28 City & State CLEARWATER FL
29 Zip 34620
30 Country PINELLAS

3. Date Incorporated or Qualified: 2/14/96
3a. Date of Last Report:
4. FEI Number: 593360302 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TIMOTHY C ENGEL
565 BELLE POINT DR
ST PETE BEACH, FL
33706

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/25/97

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRES	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TIMOTHY C ENGEL		1.2 NAME	
STREET ADDRESS	565 BELLE POINT DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH, FL 33706		1.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAME		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SONIA PAPPAS		3.2 NAME	
STREET ADDRESS	222-84 AVE N		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33702		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CW 5-14-97

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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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/25/97 — Daytime Phone # 813-572-7251