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PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P9700034973 (2)

GOVERNALE ENGINEERING SERVICES, INC.

Principal Place of Business Mailing Address **500 DRIFTWOOD CIRCLE** 500 DRIFTWOOD CIRCLE OLDSMAR FL 34877 OLDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOVERNALE, LEO L 500 DRIFTWOOD CIRCLE Street Address (P.O. Box Number is Not Acceptable) **OLDSMAR FL 34677** 83 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE Change Addition TITLE 1.1 TITLE PRES NAME LEO GOVERNALE CIR 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP OLOSMAR, FL 34677 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE REBECCA GOVERNALE NAME 2.2 NAME SOO DRIFTWOOD CIR 2.3 STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 supplier enal formation indicated on this annual report or supplier enal formation indicated on this annual report or supplier enal formation indicated on this annual report 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 changing or 14 an address.

En l' Vander M. "