FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:07

DOCUMENT # **441861** **(2)**

1. Corporation Name
ENGINEERING DESIGN, INC.

Principal Place of Business	Mailing Address
180 RIDGE ST. WINTER SPRINGS FL 32708	P.O. BOX 520695 LONGWOOD FL 32752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/1973	08/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1502082 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIDDIQUI, SALAHUDDIN A. 105 THISTLEWOOD CIRCLE LONGWOOD FL 32779	81 Name: Thomas J. Anderson, P.E. 82 Street Address (P.O. Box Number is Not Acceptable): 521 Via Verona Lane Apt.#101 83 84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Thomas J. Anderson 1/10/95
(Either Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ST NAME: REYNOLDS,HARRY . STREET ADDRESS: 519 APPLEWOOD CITY ST ZIP: ALTAMONTE SPRS FL	11 TITLE: Director- ST 12 NAME: 13 STREET ADDRESS: 14 CITY ST ZIP: ☒ Change ☐ Addition
TITLE: DP NAME: SALAHUDDIN, SIDDIQUI STREET ADDRESS: 105 THISTLEWOOD CIRCLE CITY ST ZIP: LONGWOOD FL	21 TITLE: Director- VP 22 NAME: Thomas J. Anderson 23 STREET ADDRESS: 521 Via Verona Lane Apt. 101 24 CITY ST ZIP: Altamonte Springs, Fla. 32714 ☒ Change ☒ Addition
TITLE: D NAME: REYNOLDS, JUNE STREET ADDRESS: 519 APPLEWOOD AVENUE CITY ST ZIP: ALTAMONTE SPRINGS FL	31 TITLE: VP 32 NAME: 33 STREET ADDRESS: 34 CITY ST ZIP: ☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	41 TITLE: Director- President 42 NAME: John H. Reynolds 43 STREET ADDRESS: 180 Ridge Street 44 CITY ST ZIP: Winter Springs, Fla. 32708 ☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY ST ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY ST ZIP: ☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: John Reynolds 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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