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

FILED FLORIDA DEPARTMENT OF STATE CORPORATION Jan 21 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 527076 (4) ROSS ENGINEERING COMPANY Principal Place of Business Mailing Address 12505 STARKEY RD SUITE E 12505 STARKEY RD SUITE E LARGO FL 34643 **LARGO FL 34643** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1724701 Not Applicable Suite, Apt. #, etc Suite, Apt, #, etc, \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zìp Country 8. This corporation owes or has paid the current year Intangible ☑ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Mame NORSWORTHY, ROSS W. 2346 KINGS POINT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34644 83 City 84 Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NORSWORTHY, ROSS W. 1,2 NAME NAME 2346 KINGS POINT DRIVE 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 1,4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE __ Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS 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 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE

14. I hereby certify that the information stapplied 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 of sup officer or director of the corporation of 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 only the receive or travered moves and that my name appears in Block 12 or Block 13 if chan

IRED

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADORESS

1-15-98 813-536-1226

Change

Addition