· FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (1)STOTTLER STARMER & ASSOCIATES, INC. Principal Place of Business Mailing Address 8790 N ATLANTIC AVE 8780 N ATLANTIC AVE CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 3. Date incorporated or Qualified 3a. Date of Last Report 12/28/1977 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3016364 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zισ Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Elorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STOTTLER, RICHARD H.JR. Street Address (P.O. Box Number is Not Acceptable) 82 8680 N ATLANTIC AVE CAPE CANAVERAL FL 32920 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative, typed or ported name of registered agent and tife it apportable (N-11) Ekgistered Agent signature, equired when reinstatings CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THILE DELETE 1 1 THE Change Addition DEEVERS, JUDITH C. NAME 1.2 NAME 8680 N ATLANTIC AVE STREET ADDRESS 1.3 STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 14 CHY-ST-ZIP TITLE PD DELETE 2 1 TITLE ☐ Change Addition NAME STARMER, WILLIAM E. 2.2 NAME 8680 N ATLANTIC AVE STREET ADDRESS 2.3 STREET ADDRESS CAPE CANAVERAL FL CITY - S1 - ZIP 2.4 CHTY + ST - ZIP TITLE SRVD DELETE 3 1 THILE Change ☐ Addition MCLOUTH, MALCOLM E. NAME 3.2 NAME 8680 N ATLANTIC AVE STREET ADDRESS 3.3 STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 3.4 CITY - ST - ZIP SRVD TITLE □ DELETE 4. 1 TITLE Change ☐ Addition STOTTLER, RICHARD H. JR. NAME 4.2 NAME 8680 N ATLANTIC AVE STREET ADDRESS 4.3 STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 4.4 CITY - ST- ZIP SRVD TITLE DELETE 5 1 TITLE ☐ Change ☐ Addition KAZMIERCZAK, EUGENE J. NAME 5.2 NAME 8680 N ATLANTIC AVE STREET ADDRESS 5.3 STHEFT ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 5 4 CITY - \$T - 7IP TITLE DELETE 6.1 11116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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)(k). 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.

6.4 CITY+ST-ZIP

SIGNATURE:

City-St-7tP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

(407)783-1390 Date: Date: Private #