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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (1)559832 ENGINEERING TECHNOLOGY, INC. Principal Place of Business Mailing Address 3275 PROGRESS DR., STE D 3275 PROGRESS DR., STE D ORLANDO FL 32826 ORLANDO FL 32826 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1810646 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zin Žip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MORGAN, PAUL W. 501 BARCLAY AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32701 83 84 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Addition TITLE DELETE 1.1 TITLE Change MORGAN, PAUL W. 1.2 NAME NAME 501 BARCLAY AVE. STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPGS FL 1.4 CITY~ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MORGAN, GLENDA G. NAME 2.2 NAME 501 BARCLAY AVE. STREET ADDRESS 2.3 STREET ADDRESS ALTAMONTE SPGS FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 31 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 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY - ST - ZIP ☐ DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME

6,3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 of 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.

STREET ADORESS

SIGNATURE:

CITY-ST-ZIP