FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **815760** **(4)**

1. Corporation Name
THOMPSON ENGINEERING TESTING, INC.

Principal Place of Business
3707 COTTAGE HILL RD.
P.O. DRAWER 9637
MOBILE AL 36691

Mailing Address
3707 COTTAGE HILL RD.
P.O. DRAWER 9637
MOBILE AL 36691-0637

3. Date Incorporated or Qualified: **11/11/1961**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **63-0389605** — 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	THOMPSON, VESTER	
STREET ADDRESS	905 AZALEZ RD	
CITY-ST-ZIP	MOBILE, AL 00000	
TITLE	P	☐ DELETE
NAME	SEAWELL, HENRY	
STREET ADDRESS	1905 OLD SHELL RD	
CITY-ST-ZIP	MOBILE AL 36607	
TITLE	ST	☐ DELETE
NAME	SHUMOCK, JAMES H.	
STREET ADDRESS	2028 BRADBURY AVE	
CITY-ST-ZIP	MOBILE AL	
TITLE	V	☒ DELETE
NAME	THOMPSON, FLETCHER	
STREET ADDRESS	4409 WINDING WAY	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☑ Addition
1.2 NAME	DAVID O BARK JR.	
1.3 STREET ADDRESS	4740 WICKER WAY	
1.4 CITY-ST-ZIP	MOBILE, AL 36609	
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	EMELY E BAYA	
2.3 STREET ADDRESS	604 MONCLAIRE WAY	
2.4 CITY-ST-ZIP	MOBILE, AL 36609	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	TIM MORRIS	
3.3 STREET ADDRESS	3090 TEAL CT	
3.4 CITY-ST-ZIP	MOBILE, AL 36695	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	HELEN ADAMS-MORALES	
4.3 STREET ADDRESS	3707 COTTAGE HILL RD	
4.4 CITY-ST-ZIP	MOBILE, AL 36609	
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	JOHN BAKER III	
5.3 STREET ADDRESS	3707 COTTAGE HILL RD	
5.4 CITY-ST-ZIP	MOBILE, AL 36609	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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.

SIGNATURE: _____ 1/20/97 (334)666-2485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #