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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F38190

LOUCKS ENGINEERING, INC.

FILED Apr 22 1998 8:00am Secretary of State



CR2E034 (10/97

Principal Place of Business Mailing Address 3970 N. ANDREWS AVE. 3970 N. ANDREWS AVE. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1981 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2110338 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOUCKS, C.M. 3970 N ANDREWS AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 City 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 (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE PILHUJ, EUGENE P.E. NAME 1.2 NAME 5821 N.W. 63RD PLACE STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LOUCKS, C.M. 2.2 NAME 3970 N. ANDREWS AVE. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 T(T) F Change Addition LOUCKS, M NAME 3.2 NAME 3970 N. ANDREWS AVE. STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TIT: F 5.1 TOLE NAME **5.2 NAME** STREET ADDÁESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 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.