FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001217 (8)**

1. Corporation Name

PROFESSIONAL CONSULTING AND ENGINEERING, INC.

Principal Place of Business	Mailing Address
2872 SOUTHGATE DR. SUMTER SC 29154	2872 SOUTHGATE DR. SUMTER SC 29154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 707 MULLET DRIVE	26 PO BOX 571
Suite, Apt. #, etc. 22 SUITE 204	Suite, Apt. #, etc. 27
City & State 23 CAPE CANAVERAL, FL	City & State 28 CAPE CANAVERAL, FL
Zip / Country 24 32920 / 25 USA	Zip / Country 29 32920 / 30 USA

4. FEI Number: 57-0974193 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name: FRANKLIN D. WOOD 82 Street Address (P.O. Box Number is Not Acceptable): 346 JACK DRIVE 83 84 City: COCOA BEACH FL 85 Zip Code: 32931

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: FRANKLIN D WOOD — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	11 TITLE	PDC	☒ Change ☐ Addition
NAME	WOOD, FRANKLIN D	12 NAME	WOOD, FRANKLIN D.	
STREET ADDRESS	145 SAM PINKLEY ST.	13 STREET ADDRESS	346 JACK DRIVE	
CITY-ST-ZIP	MONCKS CORNER SC 29461	14 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	21 TITLE	VDST	☒ Change ☐ Addition
NAME	FINN, WILLIAM R	22 NAME	FINN, WILLIAM R.	
STREET ADDRESS	2872 SOUTHGATE DR.	23 STREET ADDRESS	2872 SOUTHGATE DR.	
CITY-ST-ZIP	SUMTER SC 29154	24 CITY-ST-ZIP	SUMTER, S C 29154	
TITLE	SD	31 TITLE	DECEMED	☒ Change ☐ Addition
NAME	BALES, JAMES L	32 NAME		
STREET ADDRESS	42478 CAPTAINS WAY	33 STREET ADDRESS	NO LONGER OFFICER OR DIRECTOR	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: William R. Finn — 3-20-95 — 407-783-0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 FN