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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003421 (2)

FORSBERG ENGINEERING & SURVEYING, INC.

Principal Place of Business Mailing Address 1507 B SAVANNAH HWY 1587 B SAVANNAH HWY PO BOX 30575 PO BOX 30575 CHARLESTON SC 29417 CHARLESTON SC 29417 2. Principal Place of Business 2a. Mailing Address 21

FILED May 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1996 Applied For 26 57-0750802 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 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name ACCURATE FILING & SEARCH SERVICES, INC. 3424-18 OLD ST AUGUSTINE RD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 63 84 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE. 11 TITLE FORSBERG, DANIEL C NAME 1.2 NAME 1587 B SAVANNAH HWY 1.3 STREET ADDRESS STREET ADDRESS **CHARLESTON SC 29417** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Addition 21 TITLE TITLE DAVIS, JAMES KELLY 22 NAME NAME 1587 B SAVANNAH HWY 2.3 STREET ADDRESS STREET ADDRESS **CHARLESTON SC 29417** CfTY-ST-Z#P 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

CITY-ST-ZIP 14. Thereby 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 supplierrental annual report is true and accurate and that my signature shall have the same legal effect as if made undor oath; that I am an officer or director of the corporation or the receiver or trustee ompowered 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

MALAF

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

___ Change

Addition

☐ Addition