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 MAR 21 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # G53856 (2)

1. Corporation Name
HOLLIS ENGINEERING, INC.

Principal Place of Business	Mailing Address
C/O B&C CORPORATE SERVICES OF CENTRAL FL 390 N. ORANGE AVE STE 1100 ORLANDO FL 32801 US	390 N. ORANGE AVE. STE 1100 ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 08/05/1983
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2327068 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FL
390 N ORANGE AVENUE
STE 1100
ORLANDO FL 32801

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, PHILLIP C., PE	1.2 NAME	
STREET ADDRESS	153 PLUMOSUS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	
TITLE	~~ST~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~FABER, RONALD C.~~	2.2 NAME	
STREET ADDRESS	~~605 E. ROBINSON #450~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	
TITLE	SM	3.1 TITLE	☐ Change ☐ Addition
NAME	BURR, JOHN W. 111	3.2 NAME	
STREET ADDRESS	605 E. ROBINSON #450	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	MARY ELLEN HOLLIS	4.2 NAME	
STREET ADDRESS	605 E. Robinson, Suite 450	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ 3/15/95 407-422-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083487 CP