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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 98 FEB -4 AM 8: 02 DOCUMENT # G53856 SECRETARY OF STATE HOLLIS ENGINEERING, INC. Principal Place of Business Mailing Address C/O B&C CORPORATE SERVICES OF CENTRAL FL 300 N. ORANGE AVE. 390 N. ORANGE AVE STE 1100 STE-1100 DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 08/05/1983 2. Principal Place of Business 28. Mailing Address 26. P.O. BOX 496 4. FEI Number Applied For 21 59-2327068 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 orlando Trust Fund Contribution П 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 20 32802-4961 □ No 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name B & C CORPORATE SERVICES OF CENTRAL FL 390 N ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 1100** 83 ORLANDO FL 32801 84 City 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE HOLLIS, PHILLIP C., PE 1.2 NAME NAME **153 PLUMOSUS DRIVE** STREET ADDRESS 1.3 STREET ADDRESS 300002440413--6 -02/25/98--01054--007 ALTAMONTE SPGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE \*\*\*\*150.00 \*\*\*\*\*150.490° TITLE 2.1 TITLE HOLLIS, MARY E 2.2 NAME NAME 605 E ROBINSON, SUITE 450 STREET ADORESS 2.3 STREET ADDRESS ORLANDO FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE JOA PAR SHOEMALICER BURR, JOHN W. 111 NAME 3.2 NAME STREET ADDRESS 605 E. ROBINSON #450 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-51-3 William C. Ellio HT Change 605 E. Robinson St., VED Orlando, FL 32901 Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I 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 chapter 607, an an address. 2/16/90 42412-1118