FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT



Sandra B. Mortham Secretary of State

DOO			DIVISION OF CORPORATIONS			
i Corporati	JMENT # H9C LICK ENGINEERING, IN		(6)			
Principal Plac	ice of Business	Mailing Addr	ress PEELE \$TREET			
TAMPA FL		TAMPA FL	33609			
				3. Date Incorporated or Qualified	3a. Date of Last F	Renord
2. Principal f	Place of Business	2a. Mailing A	ddraec	12/20/1985	04/24/19	
1		26	an cos	4. FEI Number 59-2620443		Applied For
Suite, Apt.	t. #, etc.	Suite, Api	t. #, etc.			Not Applicable
City & Stal	ale	27 Ctu 8 Sta		5. Certificate of Status Desired		Additionat Required
3		City & Sta	3(6	6. Election Campaign Financing	- \$5.0	О Мау Ве
- Z _I ρ	Country	Zıp	Country	Trust Fund Contribution	Adde	d to Fees
4	25	29	90	8. This corporation has liability for in Florida Statutes \(\square\) Yes	ntangible tax under s	199.032,
	9. Name and Address of (Current Registered Age	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10. Name and Address of New R	egistered Agent	
WARLIC	CK, JOSEPH R.		81 Name			· · · · · · · · · · · · · · · · · · ·
	ROOKWOOD DR.		82 Street Ac	ddress (P.O. Box Number is Not Acceptable	(e)	
TAMPA	FL 33629		83			
			84 City		85 Zr	Code
44 6						
11. Pursuant or register	to the provisions of Sections 607 ared agent, or both, in the State of	2.0502 and 607.1508, Flor	rida Statutes, the above named corp	poration submits this statement for the nurr	OSS of changing its w	
	to the provisions of Sections 607 ared agent, or both, in the State of ith, and accept the obligations of the state of the obligations of the state of the sta	7.0502 and 607.1508, Flor f Florida. Such change wa , Section 607.0505, Florid	rida Statutes, the above named corp as authorized by the corporation's bo da Statutes.	poration submits this statement for the purporard of directors. I hereby accept the appo	pose of changing its reintment as registered	
SIGNATURE	, and assept this obligations of	, Section 607.0505, Florid	a Statutes.	те ардо	pose of changing its re intment as registered	
SIGNATURE _	Signature, typied or printed name of registere OFFICER	, Section 607.0505, Florid	INOTE: Registered Agent signature requ	end who need state of	DATE	egistered office agent. I am
SIGNATURE _ 12. ITLE	Synature, typed or printed name of registers OF FICER	d agent and title if applicable S AND DIRECTORS	a Statutes.	те ардо	DATE CERS AND DIRECTOR	egistered office agent. I am RS IN 12
BIGNATURE _ ILE AME	Signature, typed or printed name of registers OF FICER PD WARLICK, JOSEPH R.	d agent and title if applicable S AND DIRECTORS	(NOTE: Ringistured Agent signature requi	end who need state of	DATE	egistered office agent. I am
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SIGNATURE:

OFFICER OF DIRECTOR

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