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

FILED Apr 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) INTEGRITY ENGINEERING, INC. Principal Place of Business Mailing Address *** DANIEL JOHN DAHL** % DANIEL JOHN DAHL 457 SOUTH LAKE TRIPLET DRIVE 457 SOUTH LAKE TRIPLEY DRIVE OO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Date Incorporated or Qualified 04/13/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DAHL, DANIEL JOHN 457 SOUTH LAKE TRIPLET DRIVE Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition DAHL, DANIEL JOHN NAME 1.2 NAME 457 S LAKE TRIPLET DRIVE STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 51 TITLE ☐ Change Addition NAME 52 NAME

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 changed, or on an attachment with an address.

61 TITLE

62 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

4/10/00

407-100-9082

☐ Change

☐ Addition