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

PROFIT CORPORATION ANNUAL REPORT

SUREET ACIDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # K92899**

(9)

DONOGHUE ENGINEERING AND MANUFACTURING CONSULTAN

TS. INC. Principal Place of Business Mailing Address % PAUL F. DONOGHUE % PAUL F. DONOGHUE 20 FAIRGREEN AVENUE 20 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168-6113 NEW SMYRNA BEACH FL 32168 3a. Date of Last Report 3. Date Incorporated or Qualified 06/02/1989 07/03/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 06-1078509 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 2-0 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DONOGHUE, PAUL F. 20 FAIRGREEN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32168** 83 Zip Code City 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 5 year we have der 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 96/6) 12. 13. DELETE Change ■ Addition TITLE 1.1 TITLE DONOGHUE, PAUL F. **2034** NAME 1.2 NAME 20 FAIRGREEN AVENUE 1.3 STREET ADDRESS STEEL ADURESS **NEW SMYRNA BEACH FL** 1.4 CITY-ST-ZIP OBY SEZIE DELETE ☐ Change Addition TIN 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE Addition Channe TITLE 3.1 TITLE 3.2 NAME STEEL ADDRESS 3.3 STREET ADDRESS CITY \$4 - 20 3.4. CITY - ST - ZIP DELETE Addition 1.04 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY+ST-74P 4.4 CITY - ST~ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ACCIDENCE 5.4 CITY - ST - ZIP DELETE Addition 61 TITLE Change THEF MAMI 62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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 eath; that I am an officer or director of the corporation or the receiver or truspee 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 altachment with an address.

OFFICER OR DIRECTOR

FILED

May 07 1997 8:00am

Secretary of State