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

**PROFIT CORPORATION ANNUAL REPORT 1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 13 1998 8:00am**
**Secretary of State**

**DOCUMENT #** L04726 (0)

1. Corporation Name

**WORD ENGINEERING SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 759 LAKE HIAWASSEE DR<br>ORLANDO FL 32835 | 759 LAKE HIAWASSEE DR<br>ORLANDO FL 32835 |

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**
**07/26/1989**

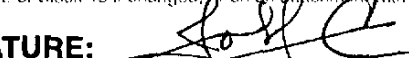| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| 21 *934 E. Palm Valley Dr.* | 26 *934 E. Palm Valley Dr.* | **59-2960532** | Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 23 City & State *OVIEDO, FL* | 28 City & State *OVIEDO FL.* | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 24 Zip *32765* 25 Country *USA* | 29 Zip *32765* 30 Country *USA* | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No | |

**9. Name and Address of Current Registered Agent**

NEAL JAMES A
759 LK HIAWASSEE DR
ORLANDO, FL A FL 32835

**10. Name and Address of New Registered Agent**

| 81 | Name *JOHN J. CARROLL* |
|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) *934 E. PALM VALLEY DR.* |
| 83 | |
| 84 | City *OVIEDO* FL 85 Zip Code *32765* |

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]* *JOHN J. CARROLL* *4/3/98*

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

| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | CARROLL, JOHN J. | | 1.2 NAME | | | |
| STREET ADDRESS | 934 EAST PALM VALLEY DRIVE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32765 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | NEAL, JAMES A. | | 2.2 NAME | | | |
| STREET ADDRESS | 759 LAKE HIAWASSEE DR | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 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 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.

**SIGNATURE:** *[signature]* *JOHN J. CARROLL* *4/03/98* (407)359-8691

CR2E034 (10/97)