FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07761 (4)

1. Corporation Name
LANCOR ENGINEERING, INC.

Principal Place of Business	Mailing Address
~~7217 BENJAMIN RD~~ TAMPA FL 33634	7217 BENJAMIN RD TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1989
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 6001 JOHNS RD
Suite, Apt. #, etc.
22 SUITE 104
City & State
23 TAMPA FL
Zip 24 33634 Country 25 HILLSBOROUGH

2a. Mailing Address
26 6001 JOHNS RD
Suite, Apt. #, etc.
27 SUITE 104
City & State
28 TAMPA FL
Zip 29 33634 Country 30 HILLSBOROUGH

4. FEI Number: 59-2964193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYDEN, CHRISTOPHER W.
321 NORTHLAKE BLVD. SUITE 208
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GUTJAHR, JOHN G., JR.	12 NAME	
STREET ADDRESS	10346 CARROLWOOD LN	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	~~LOCKHART, DAVID B.~~	22 NAME	DAVID B LOCKHART
STREET ADDRESS	~~6804 FERNFIELD COURT~~	23 STREET ADDRESS	6808 MIRROR LAKE AVE
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	~~LOCKHART, LAWRENCE~~ (NO LONGER A DIRECTOR)	32 NAME	
STREET ADDRESS	~~6804 FERNFIELD COURT~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DAVID B. LOCKHART	42 NAME	
STREET ADDRESS	6808 MIRROR LAKE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Gutjahr 5/1/95 (813) 881-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0301741 CP