SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:25

DOCUMENT # P38362 (0)

1. Corporation Name
INSTITUTE FOR SELF ACTIVE EDUCATION, INC.

Principal Place of Business	Mailing Address
1978 PINEAPPLE MELBOURNE FL 32935	P.O. BOX 511001 MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 06/14/1994
4. FEI Number: 04-2688287 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DREW, WALTER F.
103 BUDRIS ROAD
MELBOURNE BEACH FL 32951

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 617.0502 and 617.1508, 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 617.0503, 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	DP	11 TITLE		☐ Change ☐ Addition
NAME	DREW, WALTER F.	12 NAME		
STREET ADDRESS	103 BUDRIS ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DS	☒ Change ☐ Addition
NAME	CARSON, CHERYL	22 NAME		
STREET ADDRESS	2725 ST. JOHNS ST. BLDG. D, 2ND FLOOR	23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	DREW, KATHERINE	32 NAME		
STREET ADDRESS	103 BUDRIS ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DT	☒ Change ☒ Addition
NAME	MANIFOLD, KATIE	42 NAME	Faulk, P. W.	
STREET ADDRESS	50 HOLLAND CT.	43 STREET ADDRESS	1384 Wing Rd.	
CITY-ST-ZIP	SATELLITE BCH. FL	44 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	C	51 TITLE	D	☒ Change ☒ Addition
NAME	PALMER, DAN	52 NAME	Zeke Nations	
STREET ADDRESS	950 S. APOLLO	53 STREET ADDRESS	1900 Hanbour City Blvd., Suite 335	
CITY ST ZIP	MELBOURNE FL	54 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	T	61 TITLE	DC	☒ Change ☐ Addition
NAME	BRANDT, LINDA	62 NAME	Brandt, Linda	
STREET ADDRESS	2839 PINEAPPLE AVE.	63 STREET ADDRESS	1590 Highland Ave.	
CITY-ST-ZIP	MELBOURN FL 32935	64 CITY-ST-ZIP	Melbourne, FL 32936-2418	

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P.W. Faulk, P. W. Faulk Treasurer 6/9/95 (407) 768-7332
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008392

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P39043** **(5)**

1. Corporation Name

NATIONAL ENGINEERING SERVICE CORPORATION

Principal Place of Business	Mailing Address
44 WOOD AVE STE 6 MANSFIELD MA 02048 US	44 WOOD AVE STE 6 MANSFIELD MA 02048 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1992**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **02-0380120** ☐ 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

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

9. Name and Address of Current Registered Agent

ROANOKE INTERNATIONAL INSURANCE
2600 LAKE LUCIEN DR.
SUITE 201
MAITLAND FL 32751

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 (Must Be Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KLEIN, JAMES A.	12 NAME	
STREET ADDRESS	6 LOWELL ST	13 STREET ADDRESS	
CITY ST ZIP	SALEM MA	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	TIERNEY, L. LEONARD	22 NAME	
STREET ADDRESS	60 PROSPECT ST	23 STREET ADDRESS	
CITY ST ZIP	READING MA	24 CITY ST ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	ALDEN, WILLIAM	32 NAME	
STREET ADDRESS	35 FOREST ST	33 STREET ADDRESS	
CITY ST ZIP	N CARVER MA	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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: William L. Allen — 6/7/95 — 508-261-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0177047 FN

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P40194** **(3)**

1. Corporation Name

LANPRO COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
~~3394 HIGHWAY 20~~ Buford Drive ~~BUFORD GA 30518~~ 30519	~~3394 HIGHWAY 20~~ Buford Drive ~~BUFORD GA 30518~~ 30519

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1992
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 3394 Buford Drive
Suite, Apt. #, etc
22
City & State
23 Buford GA 30519
Zip 24 Country 25

2a. Mailing Address
26 3394 Buford Drive
Suite, Apt. #, etc
27
City & State
28 Buford GA 30519
Zip 29 Country 30

4. FEI Number: 58-1673086 — 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

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PT	11 TITLE	☒ Change ☐ Addition
NAME	MIXER, ROY E.	12 NAME	
STREET ADDRESS	~~3394 HIGHWAY 20~~ Buford Drive	13 STREET ADDRESS	3394 Buford Drive
CITY ST ZIP	BUFORD GA 30519	14 CITY ST ZIP	Buford GA 30519
TITLE	VPS	21 TITLE	☒ Change ☐ Addition
NAME	KINSEY, MICHAEL A.	22 NAME	
STREET ADDRESS	~~3394 HIGHWAY 20~~ Buford Drive	23 STREET ADDRESS	3394 Buford Drive
CITY ST ZIP	BUFORD GA 30519	24 CITY ST ZIP	Buford GA 30519
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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	

CR2E034 (3/95)

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: _____ Roy E. Mixer — 6/8/95 — 404/ 271-1333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING (OFFICER OR DIRECTOR) — Date — Daytime Phone #
President

0180319 FN