**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 APR 27 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001018 (0)**

1. Corporation Name
**POINT ENGINEERING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 W BEACON<br>LAKELAND FL 33803 | 1000 W BEACON<br>LAKELAND FL 33803 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1992**
3a. Date of Last Report: **05/01/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 908 S. Florida Avenue | 26 908 S. Florida Avenue |
| Suite, Apt. #, etc.<br>22 Suite 106 | Suite, Apt. #, etc.<br>27 Suite 106 |
| City & State<br>23 Lakeland, FL | City & State<br>28 Lakeland, FL |
| Zip 24 33803 Country 25 Polk | Zip 29 33803 Country 30 Polk |

4. FEI Number: **59-3149670** ☐ 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

**ARTMAN, STEPHEN H**
**4315 HIGHLAND PARK BLVD**
**SUITE B**
**LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 908 S. Florida Avenue, Suite 102
83
84 City: Lakeland **FL** 85 Zip Code: 33803

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 | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ARTMAN, STUART D | 12 NAME | | |
| STREET ADDRESS | 530 BONNIE DR | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | CHAPLIN, RICHARD | 22 NAME | | |
| STREET ADDRESS | 1344 VISTA PL | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 24 CITY-ST-ZIP | | |
| TITLE | VD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | TOALSTER, BERNIE | 32 NAME | | |
| STREET ADDRESS | 431 LONGFELLOW BLVD | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | VD | ☐ Change ☒ Addition |
| NAME | | 42 NAME | Kelley, Michael F. | |
| STREET ADDRESS | | 43 STREET ADDRESS | 430 Columbia Drive | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | Tampa, FL 33606 | |
| 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:** Stuart D. Artman 4-21-95 813-683-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013282 CP