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 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000055367 (5)**

1. Corporation Name
FRP TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
833 PICKETTVILLE RD JACKSONVILLE FL 32220	833 PICKETTVILLE RD JACKSONVILLE FL 32220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-3195505**	☐ Applied For ☐ Not Applicable
21 11544 NORMANDY	26 11544 NORMANDY		
22 Suite, Apt. #, etc. BLVD	27 Suite, Apt. #, etc. BLVD	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State JACKSONVILLE FL	28 City & State JACKSONVILLE FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 32221 25 Country USA	29 Zip 32221 30 Country USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, C H III 3100 UNIVERSITY BLVD S SUITE 101 JACKSONVILLE FL 32216	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 607.1008, 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: Roger F Schilf (signature of current registered agent required) (NOTE: New registered agent signature required when applicable) DATE: 1-30-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME SCHILF, ROGER F STREET ADDRESS 833 PICKETTVILLE RD CITY ST ZIP JACKSONVILLE FL 32220	11 TITLE ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 11544 NORMANDY BLVD 14 CITY ST ZIP JACKSONVILLE FL 32221
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 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, added or deleted.

SIGNATURE: Roger F Schilf — 1-30-95 — 904 783 1939
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BECOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023358 CP