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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000011186 (1)

1. Corporation Name

APPLICATIONS ENGINEERING GROUP, INC.

Principal Place of Business

12643 E. HIDDEN CIRCLE  
JACKSONVILLE FL 32225

Mailing Address

1713 PENMAN ROAD  
SUITE 118  
JACKSONVILLE FL 32250-3731  
US

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3222293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

HAKIM, TOUFIC M PH.D.  
12643 EAST HIDDEN CIRCLE  
JACKSONVILLE FL 32225

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME THOMAS C. BODDORFF P.E.

STREET ADDRESS 1008 E. RIVERA BLVD

CITY-STATE-ZIP OVIEDO FL 32765

1.2 TITLE ☐ DELETE

NAME ~~ST~~ ORIAN P. KEIFER P.E.

STREET ADDRESS 105 RITA RAE LAINE

CITY-STATE-ZIP JACKSONVILLE BCH FL

1.3 TITLE ☐ DELETE

NAME V TOUFIC M. HAKIM

STREET ADDRESS 12643 HIDDEN CIR

CITY-STATE-ZIP JACKSONVILLE FL

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Treasurer Orion P. Keifer, P.E.

2.3 STREET ADDRESS 105 Rita Rae Lane

2.4 CITY-STATE-ZIP Jacksonville Beach, FL 32250

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Secretary Thomas C. Heilmann

4.3 STREET ADDRESS 36 Dolphin Blvd. East

4.4 CITY-STATE-ZIP Ponte Vedra, FL 32082

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

904 249-1718

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CR2E034 (9/96)