FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCL	IMENT #

1. Corporation Name

P94000038729 (7)

FIRST COAST SIGNAL ENGINEERING, INC.

Mailing Address Principal Place of Business 3015 HARTLEY RD. 3015 HARTLEY RD. JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1995 05/19/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3245015 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes \[\] No Country Zio Country Zin 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HARP, MICHAEL J 3015 HARTLEY RD. 83 JACKSONVILLE FL 32257 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE HARP, MICHAEL J 1.2 NAME NAME 3015 HARTLEY ROAD, STE 3 13 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2. 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP COY-S1-ZIP Change ☐ Addition DELE "E 3. 1 TITLE TITLE 3.2 NAME NAMÉ 3.3. STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - ZIP CITY - ST - ZIP Addition DELETE 4 1 TITLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5 1 DILE THLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELFTE 6.1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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)(k), 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 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 certify 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.

6.4 CITY - ST - ZIP

I IG OFFICER OR DIRECTOR

4-19-86 904-292-2351

(12/95)

CR2E034