FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P94000044011 (2) DOCUMENT # ENGINE LAB OF TAMPA, INC. Principal Place of Business Mailing Address 1150 N. 34TH STREET 1150 N. 34TH STREET TAMPA FL 33605 TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3244640 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEEGAN, DAVID P IV 1150 N. 34TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33605 83 84 City 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 agont, 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 agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or proved name of registered agont and tille if applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE JITLE DEEGAN, SUSAN L CR2E034 NAME 1.2 NAME 10308 SALISBURY ST. STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 1,4 CITY - ST - ZIP DELETE Change Addition TITLE 2171718 DEEGAN, DAVID P NAME 2.2 NAME 10308 SALISBURY ST. STREET ADDRESS 2.3 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 2.4 CITY-ST-ZIP BM DELETE 3.1 TITLE Change Addition TITLE ANDREA L. DEEGAN 3.2 NAME 10308 SALISBURY ST. 3.3 STREET ADDRESS STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5 1 TITLE Change 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE ☐ Change 6.1 TITLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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

CITY - ST - ZIP

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with in address.

FILED