**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 JUL 20 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065528 (9)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 5291 40TH AVE N<br>ST PETERSBURG FL 33709 | 5291 40TH AVE N<br>ST PETERSBURG FL 33709 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 5291 40TH AVE. N.
22: Suite, Apt. #, etc.
23: City & State: ST. PETERSBURG, FL.
24: Zip: 33709
25: Country: USA

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3286525 ☐ 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

SMITH, WALTER E
1301 4TH ST N
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 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 _____ 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 | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | STERGHOS, PETER M | 1.2 NAME | |
| STREET ADDRESS | 5291 40TH AVE N | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33709 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SODEIKA, JOHN A | 2.2 NAME | |
| STREET ADDRESS | 12232 SUN VISTA CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | GODSTED, JEFFREY W | 3.2 NAME | |
| STREET ADDRESS | 9065 128TH WAY N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL 34648 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | COSGROVE, PATRICK J | 4.2 NAME | |
| STREET ADDRESS | 647 GARLAND CIR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL 34635 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/95)

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: [signature] PETER M. STERGHOS 7/7/95 (813) 522-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0187484 FP