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

DOCUMENT # **P94000085947 (7)**

1. Corporation Name
COMMONWEALTH ENGINEERING, INC.

Principal Place of Business
222 SOUTH WESTMONTE DRIVE, STE. 200
ALTAMONTE SPRINGS FL 32714-4268

Mailing Address
222 SOUTH WESTMONTE DRIVE, STE. 200
ALTAMONTE SPRINGS FL 32714-4268

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **07/03/1995**

2. Principal Place of Business
21 Same
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **APPLIED FOR** 59-3348694 — Applied For / Not Applicable

5. Certificate of Status Desired: X — **$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
FROSCHER, JOHN D
222 SOUTH WESTMONTE DRIVE, STE. 200
ALTAMONTE SPRINGS FL 32714-4268

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 submitting — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FROSCHER, JOHN D	1.2 NAME	
STREET ADDRESS	222 SOUTH WESTMONTE DRIVE, SUITE 108	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	32714
TITLE	D P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Wm. T. "Ted" Buckley	2.2 NAME	
STREET ADDRESS	222 So. Westmonte Dr, Suite 108	2.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs Fl 32714	2.4 CITY-ST-ZIP	
TITLE	V.P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Robert E. Swett	3.2 NAME	
STREET ADDRESS	222 So. Westmonte Dr, Suite 108	3.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs Fl 32714	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 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: Robert E. Swett — Robert E. Swett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 — Date

407-288-8111 — Daytime Phone #

CR2E034 (12/95)