SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $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

FILED
95 AUG -3 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000089698 (2)**

1. Corporation Name
ENPRO ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
14502 N. DALE MABRY SUITE 200 TAMPA FL 33618	14502 N. DALE MABRY SUITE 200 TAMPA FL 33618

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
2. / 2a.	21 8001 N. Dale Mabry	26 8001 N. Dale Mabry
Suite, Apt. #, etc.	22 601-B	27 601-B
City & State	23 Tampa FL	28 Tampa FL
Zip / County	24 33614 / 25 Hillsborough	29 33614 / 30 Hillsborough

4. FEI Number: 59-3194112 — ☐ 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

MALOOLY, THOMAS J
14502 N. DALE MABRY
SUITE 200
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: Thomas J. Malooly
82 Street Address (P.O. Box Number Is Not Acceptable): 8001 N. Dale Mabry
83: Suite 601-B
84 City: Tampa, 85 FL Zip Code: 33614

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Thomas J. Malooly, Pres. — 7/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MALOOLY, THOMAS J	12 NAME	
STREET ADDRESS	14502 N. DALE MABRY, SUITE 200	13 STREET ADDRESS	8001 N. Dale Mabry Suite 601-B
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP	Tampa, FL 33614
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MALOOLY, ANNE C	22 NAME	
STREET ADDRESS	14502 N. DALE MABRY, SUITE 200	23 STREET ADDRESS	8001 N. Dale Mabry Suite 601-B
CITY-ST-ZIP	TAMPA FL 33618	24 CITY-ST-ZIP	Tampa, FL 33614
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 addition.

SIGNATURE: Thomas J. Malooly — 7/19/95 — 813-935-1900
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — DATE — Daytime Phone #

0100071 CP