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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024996 (7)

STRUCTURAL INTEGRITY, INC.

Principal Place of Business Mailing Address P.O. BOX 16028 5670 54TH AVENUE ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2722200 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desirod Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEMETHY, PETER P 5670 54TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33709 83 84 City Zip Code 85 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 ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition □ DELETE Change TITLE 1.1 TITLE **NEMETHY, PETER P** NAME 1.2 NAME 5670 54TH AVENUE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NEMETHY, DAWN NAME 2.2 NAME 5670 54TH AVE N STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE __ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

14. I hereby 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 Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS CITY-ST-ZIP

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2.3.98

813-547-1552

FILED

Feb 09 1998 8:00am

Secretary of State