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

APPROVED AND FILED
1996 JUN 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025064 (3)

1. Corporation Name
ADVANCED PRESSURE GROUTING INCORPORATED

Principal Place of Business: ~~601 EAST TWIGGS STREET SUITE 200 TAMPA FL 33602~~ 8812 INDUSTRIAL DR. TAMPA, FL 33637

Mailing Address: ~~601 EAST TWIGGS STREET SUITE 200 TAMPA FL 33602~~

2. Principal Place of Business: 21 8812 INDUSTRIAL DR.	2a. Mailing Address: 26 8812 INDUSTRIAL DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33637 / Country 25 HILLSBOROUGH	Zip 29 33637 / Country 30 HILLSBOROUGH

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report:
4. FEI Number: 59-3316953 ☐ 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

LINSKY, MICHAEL A
601 EAST TWIGGS STREET
SUITE 200
TAMPA FL 33602

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

100001877391
-06/27/96--01007--005
****200.00 ****200.00

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] 4-20-96
DATE

12. OFFICERS AND DIRECTORS		
TITLE	PRESIDENT	☐ DELETE
NAME	RICK HIGHTOWER	
STREET ADDRESS	P.O. BOX 466	N/A
CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	DON GIBSON	
STREET ADDRESS	4790 Wright Dr.	
CITY-ST-ZIP	~~ATLANTA, GA~~ Smyrna GA 30082	
TITLE	SECRETARY	☐ DELETE
NAME	JEFFREY M. HICKEY	
STREET ADDRESS	8812 INDUSTRIAL DR.	
CITY-ST-ZIP	TAMPA, FL. 33637	
TITLE	TREASURER	☐ DELETE
NAME	PAT INGLESE	
STREET ADDRESS	4790 Wright Dr.	
CITY-ST-ZIP	~~ATLANTA, GA~~ Smyrna GA 30082	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

SCC 6-20-96

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: [signature] JEFFREY M. Hickey 4/24/96 (813)985-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

CR2E034 (12/95)