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 # P96000000499

1. Corporation Name: HJM ENGINEERING PA

Principal Place of Business: 4825 FLAMINGO Rd TAMPA, FL, 33611

Mailing Address: SAME

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 1-3-96

3a. Date of Last Report: N/A

4. FEI Number: 59335-3304 ☐ 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

HAROLD J MYERS JR
4825 FLAMINGO Rd
TAMPA, FL, 33611

10. Name and Address of New Registered Agent

81 Name: HAROLD J MYERS JR
82 Street Address (P.O. Box Number is Not Acceptable): 4825 FLAMINGO Rd
83
84 City: TAMPA FL 85 Zip Code: 33611

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: Harold J Myers Jr (Signature of president or other officer of registered agent, if applicable) — (NOTE: Registered Agent's signature is required when changing) — DATE: 3-12-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: ~~AS FILED WITH STATE~~	*1 TITLE / *2 NAME / *3 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PRESIDENT NAME: HAROLD J MYERS JR STREET ADDRESS: 4825 FLAMINGO Rd CITY-ST-ZIP: TAMPA, FL, 33611	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Vice President NAME: HAROLD J MYERS JR STREET ADDRESS: 4825 FLAMINGO Rd CITY-ST-ZIP: TAMPA, FL 33611	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TREASURER NAME: HAROLD J MYERS, JR STREET ADDRESS: 4825 FLAMINGO Rd CITY-ST-ZIP: TAMPA, FL, 33611	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SECRETARY NAME: HAROLD J MYERS JR STREET ADDRESS: 4825 FLAMINGO Rd CITY-ST-ZIP: TAMPA, FL, 33611	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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3-30-1996

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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: Harold J Myers Jr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-12-96 (Date) — 813-837-2940 (Daytime Phone #)