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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

Lolpe 1-6-97 352-683-2645

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031438 (0)

RUDOLPH ENGR. CORP.

STREET ADDRESS

SIGNATURE: ROY E. RUDO LPH SR

Principal Place of Business Mailing Address P.O. BOX 5480 P.O. BOX 5480 SPRING HILL FL 34606 **SPRING HILL FL 34611-0480** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1996 2. Principal Place of Business 2a. Maling Address Applied For 59.3374304 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032, 29 Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUDOLPH, ROY E SR 8091 RIVER COUNTRY DRIVE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34607 83 84 City Zip Code 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered optithe obligations of, Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE TITLE Change RUDOLPH, ROY E SR NAME 1.2 NAME 8091 RIVER COUNTRY DRIVE 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34607 CITY - ST - ZIP 1.4 CITY - ST - ZIP Change X DELETE Addition 2.1 TITLE Vice President/Secretary TITLE RUDOLPH, E. JOANN NAME 2.2 NAME 8091 RIVER COUNTRY DRIVE 2.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP 2 4 CHTY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SY-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAMÉ 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 1111 F TITLE NAMÉ

6.3 STREET ADDRESS

64 CITY - ST - ZIP

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 by execute this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if charged, or on an attachment with an address.

14. I do 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