FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P96000088019 05-15-2001 90205 003 ***158.75 SOUTHERN PRECISION CALIBRATION, INC. Principal Place of Business Mailing Address 343 E. DOUGLAS ROAD P.O. BOX 805 OLDSMAR FL 34677 OLDSMAR FL 34677-0805 2. Principal Place of Business 3. Mailing Address LAKE ARK-ADOM 340462 2P.O. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3406695 FL TAMPA TAM PA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STAFFORD, STEWARD L Street Address (P.O. Box Number is Not Acceptable) 14812 NORTH FLORIDA AVENUE **TAMPA FL 33613** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DΡ ☐ Addition TITLE ☐ Change ☐ Delete TITLE BAAB, CARL T NAME NAME STREET ADDRESS 343 E. DOUGLAS ROAD #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Addition Delete ☐ Change TITLE TITLE RYMER, REUBEN C. NAME STREET ADDRESS STREET ADDRESS 5431 CAROL DRIVE CITY-ST-ZIP CITY - ST - ZIP WESLEY CHAPEL FL 33543 ☐ Change Addition TITLE Delete TITLE RYMER, CHRISTINE J. NAME NAME STREET ADDRESS STREET ADDRESS 5431 CAROL DRIVE CITY-ST-ZIF CITY-ST-ZIP WESLEY CHAPEL FL 33543 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 11 or Block 12 if chapted, or on an attachment with an add 35... with all other 18 empowered. changed, or on an attachment, SIGNATURE: