SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034987

1. Corporation Name
Burcaw & Bellucci a Engineering, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 18, 1997

2. Principal Place of Business	2a. Mailing Address
21 1015 Benjamin Road	26 1015 Benjamin Road
Suite, Apt. #, etc. 22 320	Suite, Apt. #, etc. 27 320
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33629 Country 25 USA	Zip 29 33629 Country 30 USA

4. FEI Number: 59-3440803 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Amy E. Burcaw
82 Street Address (P.O. Box Number is Not Acceptable): 1015 Benjamin Road
83 Suite 320
84 City: Tampa FL 85 Zip Code: 33634

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: Amy E Burcaw — Amy E. Burcaw — 8/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President / Treasurer	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Laurie S. Burcaw		1.2 NAME	700026353972
STREET ADDRESS	15644 Eastbourn Drive		1.3 STREET ADDRESS	-09/09/98--01043--023
CITY-ST-ZIP	Odessa, FL 33556		1.4 CITY-ST-ZIP	****558.75 ****558.75
TITLE	Vice President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	David G. Armstrong		2.2 NAME	
STREET ADDRESS	7251 116th Street		2.3 STREET ADDRESS	
CITY-ST-ZIP	Seminole, FL 33540		2.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Amy E. Burcaw		3.2 NAME	
STREET ADDRESS	411 West Zelar Street		3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33629		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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.

SIGNATURE: Amy E Burcaw — Amy E. Burcaw — 8/31/98 — 813-880-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #