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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P97000108359 (5)

## FILED Mar 20 1998 8:00am Secretary of State

AJF ENGINEERING & TESTING, INC. Principal Place of Business Mailing Address 3388 HENDERSON RD 3388 HENDERSON RD MALABAR FL 32950 MALABAR FL 32950 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/26/1997 2a. Mailing Address FEI Number Applied For POROL 12059 Not Applicable Suite, Apt. #, etc \$8.75 Additional  $\mathbf{N}$ 5. Certificate of Status Desired City & State Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FARLEY, FRANK W В1 Name 3388 HENDERSON RD 82 Street Address (P.O. Box Number is Not Acceptable) MALABAR FL 32950 83 84 City 85 Zip Code 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, typed or printed nank- of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Addition Addition DELETE 1.1 TITLE Change TITLE IAM ES FARLEY, FRANK W NAME 1.2 NAME 3388 HENDERSON RD STREET ADDRESS 1.3 STREET ADDRESS .W. EATON OF MALABAR FL 32950 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change \_\_\_ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby 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 of the reviewer 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 changes, or an adapting of the results of the results of the corporation of the results o

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