2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P98000074122 1. Entity Name ANCHOR ENGINEERING SERVICES, INC. 04-10-2001 90005 016 ***158.75 Mailing Address Principal Place of Business 520 S FLORIDA AVE 520 S FLORIDA AVE LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State 59-3534331 City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLIPS, KENDALL S Street Address (P.O. Box Number is Not Acceptable) 520 S FLORIDA AVE LAKELAND FL 33801 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE PHILLIPS, KENDALL S NAME NAME 520 S FLORIDA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE LINDSEY, GEORGE M III NAME NAME 510 TIFFANY TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP Addition Change ☐ Delete TITLE GUERTIN LISA C III NAME = NAME STREET ADDRESS 520 S FLORIDA AVE STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP LAKELAND FL 33801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

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