FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CITY-ST-ZIP

FILED PROFIT May 06 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Socretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # \$14731 (1) JOSEPH F. RICE, P.E., INC. Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1990 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For BC 02/21 65-0232224 **8332** A Suite, Apt. #, etc. 1712 50 Bird Rd Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired MIAM MIAMI Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 4 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for illangible tax under s. 199.032, USA USA Florida Statutes ny∕es ∐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 RESIGNED 4/1/97 Street Address (P.O. Box Number is Not Accept 82 83 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I pm familiar value, and accept the obligations of Socions 607.0505, Florida Statutes.

SIGNATURE 26 April 1997 SIGNATURE (NOT): Regist(red Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.13016 Change Addition RICE, JOSEPH A NAME 1.2 NAME 1712 SW 85TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE DELETE 2.1 TITLE Change Addition RICE, JOSEPH F NAME 2.2 NAME 1712 SW 85TH CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 C/1Y-ST-ZIP DELETE TITLE 3 1 HILE Change Addition RICE, LUCY D NAME 3.2 NAME 1712 SW 85TH CT STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4, CITY-ST-ZIP DELFTE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5.1 THILE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 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 or or an attachment with an address.