FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48557 (0)

1. Corporation Name

J.R. ENGINEERS, INC.

Principal Place of Business	Mailing Address
8000 BAYMEADOWS CIR E STE 46 JACKSONVILLE FL 32256 US	8000 BAYMEADOWS CIR E STE 46 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # or P.O. Box (22) | Suite, Apt. # or P.O. Box (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 61-1155367 — 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 has authority to impose the credit for the use of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRASAD, JAI P
8000 BAYMEADOWS CIR E
STE 46
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and/or 1608 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

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE: PSD NAME: PRASAD, JAI P. STREET ADDRESS: 8000 BYAMEADOWS CIR E #46 CITY-STATE-ZIP: JACKSONVILLE FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with the blanks within this 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 above, or on an attachment with an address.

SIGNATURE: Jai P. Prasad — 5/6/95 — 904-448-5461

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0020844 CP