FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V11447** **(2)**

1. Corporate Name

MICHAEL A. SCIBELLI, P.E., INC.

Principal Place of Business	Mailing Address
261 44 AVE NE ST PETERSBURG FL 33703 US	261 44 AVE NE ST PETERSBURG FL 33703 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/04/1992**

3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: **59-3104361**	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HARRELL, ROY G JR.
100 SECOND AVE SOUTH
12TH FLOOR
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: MICHAEL A. SCIBELLI

82 Street Address (P.O. Box Number is Not Acceptable)

83 261 44th Ave NE

84 City: St Petersburg FL 85 Zip Code: 33703

11. Pursuant to the provisions of Section 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. The changes are 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: MICHAEL A. SCIBELLI 4/27/95

12. OFFICERS AND DIRECTORS

PDST
SCIBELLI, MICHAEL A
261 44TH AVENUE NE
ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TYPE
NAME
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STREET ADDRESS
CITY-ST-ZIP

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I further certify that this report is executed in accordance with Section 607.0502, Florida Statutes, 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 above, or on an attachment with all blanks duly filled.

SIGNATURE: MICHAEL A. SCIBELLI 4/27/95 (813) 522-1091

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

0308442 CP