FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 386769 (4)**DOCUMENT #** 1. Corporation Name TRIAD TECH, INC. Principal Place of Business Mailing Address 6027 17TH ST EAST 6027 17TH ST EAST **BRADENTON FL 34203 BRADENTON FL 34203** 3. Date Incorporated or Qualified 03/23/1995 08/12/1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1358017 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAAS, JOHN J. 82 2115 16TH ST. CT. W. **BRADENTON FL 34205** BRADENTON 85 Zip Code 34207 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. HORS Feb. 20,96 CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **Z**I DELETE Change Addition HAAS, JOHN J. 1.2 NAME 2115 16TH. ST.CT. W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** 0:TY-S1-7IP 1.4.01<u>1Y - \$1 - ZIE</u> ST 7.11.1 DEFELE 2.1 101.5 Change Addition HAAS, JOHN J NAME 2.2 NAME 2115 16TH ST. COURT, W STREET ADDRESS 2.3 STREET ADDRESS BRADENTON FL CHY-ST ZIP 2.4 CHY - \$1 - ZIP THLE DELETE 3. 1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIF 3.4 CITY - ST. ZIP THLE DECETÉ 4 1 111.8 ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY - \$1 - 7IP DELETE Add tion TITLE 5 1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE DILLE 6 1 THEF Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CIPY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

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