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

386769

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # TRIAD TECH, INC. Principal Place of Business AND 17TH ST FAST **BRADENTON FL 34203** 



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

**FILED** Feb 25 1998 8:00am Secretary of State



6027 17TH ST EAST **BRADENTON FL 34203** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1971 2. Principal Place of Business 2a. Mailing Address Applied For 59-1358017 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes \( \subseteq \) No Zip Zip Personal Property Tax due June 30. 24 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HASS, JOHN J 5059 RED OAK PLAC Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** 83 84 Zip Code City 85 11. Pursuant to the provisions of Sections 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. 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE NAME HAAS, JOHN J 1.2 NAME STREET ADDRESS **5059 RED OAK PLACE** 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME

CITY-ST-ZIP Thereby 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 suppliemental 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 on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY+ST-ZIP

**6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: JOHN J. HAAS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

2-18-98

Change

☐ Change

Addition

Addition