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 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G92612 (2)

1. Corporation Name
TRAINING & TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
4750 40TH AVE. NORTH STE. 103 ST. PETERSBURG FL 33714	4750 40TH AVE. NORTH STE. 103 ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1984
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 8012 N. Wiley Post Way
Suite, Apt. #, etc. 22
City & State 23 Hernando, Florida
Zip 24 34442-2111 Country 25 USA

2a. Mailing Address
26 8012 N. Wiley Post Way
Suite, Apt. #, etc. 27
City & State 28 Hernando, Florida
Zip 29 34442-2111 Country 30 USA

4. FEI Number: 58-1566949 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HETTERICH, RAYMOND J.
5505 38TH AVENUE, NORTH
ST. PETERSBURG FL 33710

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 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 _____ DATE
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition
NAME	STUART, RICHARD N.	12 NAME	
STREET ADDRESS	8012 N. WILEY POST WAY	13 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	14 CITY-ST-ZIP	34442-2111
TITLE	ST	21 TITLE	☐ Change ☒ Addition
NAME	STUART, JULIE L.	22 NAME	
STREET ADDRESS	8012 N. WILEY POST WAY	23 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	24 CITY-ST-ZIP	34442-2111
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 on an attachment with an address.

SIGNATURE: Julie L. Stuart, Sec/Treas. Feb. 23, 1995 (904)637-0203
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Julie L. Stuart, Sec./Treas.

0011270 CP