

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:15

DOCUMENT # K01602

(7)

1. Corporation Name

NEXTEC, INC.

Principal Place of Business

2629 S. HORSESHOE DRIVE
NAPLES FL 33941-5359

Mailing Address

2629 S. HORSESHOE DRIVE
NAPLES FL 33941-5359

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1987

3a. Date of Last Report

06/01/1994

4. FEI Number

65-0024229

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

2. Principal Place of Business

21 82 ERIN WAY

2a. Mailing Address

26 82 ERIN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip Country

24 33999-4641 25

Zip Country

29 33999-4641 30

9. Name and Address of Current Registered Agent

KLOOTS, JACK

2629 S. HORSESHOE DRIVE
NAPLES FL 33941-5359

10. Name and Address of New Registered Agent

81 Name

JACK KLOOTS

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

83 82 ERIN WAY

84 City NAPLES

FL

85 Zip Code 33999-4641

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV
NAME KLOOTS, JACK
STREET ADDRESS 2629 S. HORSESHOE DR. 82 ERIN WAY
CITY-ST-ZIP NAPLES FL 33999-4641

TITLE TS
NAME KLOOTS, JACK
STREET ADDRESS 2629 S. HORSESHOE DR. 82 ERIN WAY
CITY-ST-ZIP NAPLES FL 33999-4641

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 MAR 1995 (813) 353-2503