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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07616

1. Corporation Name

TNR TECHNICAL, INC.

Mailing Address Principal Place of Business 301 CENTRAL PARK DRIVE 301 CENTRAL PARK DRIVE SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed :10/03/1985 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 11-2565202 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees **Trust Fund Contribution** 28 23 8. This corporation owes the current year Intangible Country Zip Country Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THAW, WAYNE Street Address (P.O. Box Number is Not Acceptable) 301 CENTRAL PARK DR SANFORD FL 32771 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE" 12 NAME THAW, WAYNE NAME 1.3 STREET ADDRESS 301 CENTRAL PARK DR STREET ADDRESS 1.4 CITY-ST-ZIP SANFORD FL Addition CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE 22 NAME LAZARUS, JERROLD NAME 301 CENTRAL PARK DR 2.3 STREET ADDRESS STREET ADDRESS SANFORD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby 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 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, with all other like empowered.

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90007 044 ***150.00

Daytime Phone #

CR2E034 (11/98)