

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000021798

**Entity Name:** EXPLORITECH, INC.

**Current Principal Place of Business:**

648 8TH STREET NORTH  
NAPLES, FL 34102

**Current Mailing Address:**

PO BOX 110399  
NAPLES, FL 34108 US

**FEI Number:** 01-0639501

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CHRISTINA , STEIN  
875 94TH AVENUE N.  
NAPLES, FL 34108 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CHRISTINA STEIN

01/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                  |                 |                 |
|-----------------|------------------|-----------------|-----------------|
| Title           | P                | Title           | VP, S           |
| Name            | MCCORMISH, SCOTT | Name            | DRAKE, DOUGLAS  |
| Address         | PO BOX 110399    | Address         | PO BOX 110399   |
| City-State-Zip: | NAPLES FL 34108  | City-State-Zip: | NAPLES FL 34108 |
|                 |                  |                 |                 |
| Title           | T                |                 |                 |
| Name            | MCCORMISH, SCOTT |                 |                 |
| Address         | PO BOX 110399    |                 |                 |
| City-State-Zip: | NAPLES FL 34108  |                 |                 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT MCCORMISH

PRESIDENT

01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date