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. CEO

SIGNATURE: SHANE LIDDELL

Electronic Signature of Signing Officer/Director Detail

<u>2020</u>	FLORIDA PRO	FIT CORPORAT	TION ANNUAL	REPORT

DOCUMENT# P12000082415

Entity Name: SPECTIKON CORPORATION

Current Principal Place of Business:

C/O 605 SHORE ROAD #2 LAUREL, FL 34275

Current Mailing Address:

PO BOX 62 302 THONOTOSASSA, FL 33592 US

FEI Number: 80-0855921

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 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:

Officer/Director Detail :

Title	PRESIDENT, CEO	Title	COO	
Name	LIDDELL, SHANE	Name	SWINNEY, PAMELA JEAN	
Address	C/O 605 SHORE ROAD #2	Address	C/O 605 SHORE ROAD #2	
City-State-Zip:	LAUREL FL 34275	City-State-Zip:	LAUREL FL 34275	

FILED Jun 30, 2020 Secretary of State 4714119167CC

Certificate of Status Desired: No

06/30/2020 Date

Date