

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

DOCUMENT # 300286

(2)

1. Corporation Name

TECH-REP ASSOCIATES, INC.

95 MAY -1 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4695 ULMERTON RD., SUITE 370 CLEARWATER FL 34622	Mailing Address 4695 ULMERTON RD., SUITE 370 CLEARWATER FL 34622
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13555 AUTOMOBILE BLVD.		2a. Mailing Address 26 13555 AUTOMOBILE BLVD.		3. Date Incorporated or Qualified 12/23/1965	3a. Date of Last Report 05/01/1994
Suite Apt. #, etc. 22 SUITE 370		Suite Apt. #, etc. 27 SUITE 370		4. FEI Number 59-1112336	Applied For Not Applicable
City & State 23 CLEARWATER, FL		City & State 28 CLEARWATER, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 34622		Zip 29 34622		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation has liability for intangible tax under § 190.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent RAYMOND, EDWARD C 5350 TECH DATA DRIVE CLEARWATER FL 34620		10. Name and Address of New Registered Agent 81 Name PAGE Wurts 82 Street Address (P.O. Box Number is Not Acceptable) 13555 Automobile Blvd #370 83 84 City St. Pete FL 85 Zip Code 34622	
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11. Pursuant to the provisions of Sections 602, 603, and 604, 1989, 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 the laws of the State of Florida, and I am familiar with the laws of the State of Florida.

SIGNATURE: *Page Wurts* DATE: 4-29-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME DC RAYMOND, EDWARD C 5350 TECH DATA DRIVE CLEARWATER FL	14. NAME 15. STREET ADDRESS 16. CITY & STATE 17. ZIP	☐ Change ☐ Addition	
NAME P WURTS, R PAGE 175 92RD AVE NE ST PETERSBURG FL	18. NAME 19. STREET ADDRESS 20. CITY & STATE 21. ZIP	☐ Change ☐ Addition	
NAME V FAULSTICH, ROGER J. 210 MARINA CT. MERRITT ISLAND FL	22. NAME 23. STREET ADDRESS 24. CITY & STATE 25. ZIP	☐ Change ☐ Addition	
NAME 26. STREET ADDRESS 27. CITY & STATE 28. ZIP	29. NAME 30. STREET ADDRESS 31. CITY & STATE 32. ZIP	☐ Change ☐ Addition	
NAME 33. STREET ADDRESS 34. CITY & STATE 35. ZIP	36. NAME 37. STREET ADDRESS 38. CITY & STATE 39. ZIP	☐ Change ☐ Addition	
NAME 40. STREET ADDRESS 41. CITY & STATE 42. ZIP	43. NAME 44. STREET ADDRESS 45. CITY & STATE 46. ZIP	☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 111.07(1)(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 and that I am authorized to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or as an addition with an address.

SIGNATURE: *Page Wurts* *PAGE Wurts* 4/29/95 5:22 PM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR