1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90021 014 \*\*\*150.00

## **DOCUMENT # 357632** 1. Corporation Name TECH-SERVICES, INC. Mailing Address Principal Place of Business 7998 2ND AVE SOUTH 7998 2ND AVE SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/29/1969 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1286583 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Etection Campaign Financing \$5:00 May Be 7 Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible E No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MILNES.ROBERT M Street Address (P.O. Box Number is Not Acceptable) 7998 2ND. AVE SOUTH ST. PETERSBURG FL 33707 83 84 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE MILNES, ROBERT M 1.2 NAME NAME 7998 2ND AVE SOUTH 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE MILNES, DREAMA L 22 NAME NAME 7998 2ND AVE SOUTH 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 2.4 CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 DTLF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEN OF DENINTEN MARKS OF SIGNATURE OF DIRECTOR

2-15-98

727 381-3064

Daytime Phone #

CR2E034 (11/98)