

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JUL -3 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 424294**

**(7)**

1. Corporation Name

**MODTEC, INC.**

Principal Place of Business

Mailing Address

**2218 HERITAGE DRIVE  
TITUSVILLE FL 32780  
US**

**2218 HERITAGE DRIVE  
TITUSVILLE FL 32780  
US**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/26/1973</b>                                                                                                         | 3a. Date of Last Report<br><b>04/18/1994</b> |
| 4. FEI Number<br><b>59-2144104</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional<br>Fee Required                                                      |                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                           |                                              |
| 8. This corporation has liability for corporation tax under 1993 (use)<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite Apt. etc.            | 26. Suite Apt. etc. |
| 22. City & State               | 27. City & State    |
| 23. ZIP                        | 28. ZIP             |
| 24. Country                    | 29. Country         |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONALDSON, GEORGE P. III  
2218 HERITAGE DR.  
TITUSVILLE FL 32780**

|                                                        |
|--------------------------------------------------------|
| 61. Name                                               |
| 62. Street Address (P.O. Box Number is Not Acceptable) |
| 63. City                                               |
| 64. State                                              |
| 65. Zip Code                                           |

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 agree to the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

*George P. III Donaldson*

6/26/95

| 12. OFFICERS AND DIRECTORS |                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. TITLE                   | PD<br>DONALDSON, GEORGE III<br>2218 HERITAGE DR.<br>TITUSVILLE FL | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | VD<br>DONALDSON, GEORGE JR.<br>1770 LAKESIDE DR<br>TITUSVILLE FL  | 2.1 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. STREET ADDRESS          | STD<br>DONALDSON, AIMEE E.<br>2218 HERITAGE DR.<br>TITUSVILLE FL  | 3.1 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. CITY, ST, ZIP           | VD<br>DONALDSON, BETTY LOU<br>1770 LAKESIDE DR<br>TITUSVILLE FL   | 4.1 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE                   |                                                                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                                                   | 6.1 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. STREET ADDRESS          |                                                                   | 7.1 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. CITY, ST, ZIP           |                                                                   | 8.1 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE                   |                                                                   | 9.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                                   | 10.1 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS         |                                                                   | 11.1 STREET ADDRESS                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. CITY, ST, ZIP          |                                                                   | 12.1 CITY, ST, ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(4)(a) Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that the registration obtained from this filing is in full effect as of the date of filing. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a supplemental report with an address.

SIGNATURE:

*George P. III Donaldson*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95

(904) 728-0166