FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:07

DOCUMENT # 434588 (0)

1. Corporation Name
TUBETEC, INC.

Principal Place of Business	Mailing Address
PO BOX 1478 301 BROWN AVE. SANFORD FL 32772-1478	PO BOX 1478 301 BROWN AVE. SANFORD FL 32772-1478

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1510696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANA, FRANK J. 111
1055 KENSINGTONPK DR #204
ALTAMONTE SPRINGS 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2822 TUPELO COURT
83
84 City: LONGWOOD, FL 85 Zip Code: 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	☒ Change ☐ Addition	
NAME	FRANA, FRANK	1.2 NAME		
STREET ADDRESS	801 ARLINGTON BLVD	1.3 STREET ADDRESS	2822 TUPELO COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition	
NAME	FRANA, FRANK J.	2.2 NAME		
STREET ADDRESS	1055 KENSINGTON PK DR	2.3 STREET ADDRESS	2822 TUPELO COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition	
NAME	FRANA, DANIEL	3.2 NAME		
STREET ADDRESS	1892 WINGFIELD DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	☒ Change ☐ Addition	
NAME	FRANA,RUTH	4.2 NAME		
STREET ADDRESS	801 ARLINGTON BLVD	4.3 STREET ADDRESS	2822 TUPELO COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition	
NAME	FRANA, STEPHEN	5.2 NAME		
STREET ADDRESS	2100 PUERTO RICO RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 2-17-95 407-323-0940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT (OR) Date (Daytime Phone #)

0415005 FP