

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **558092** (3)
1. Corporation Name
T. TECHMAN INC.

Principal Place of Business
**7435 CR 48
PO BOX 101
YALAHUA FL 34787
US**

Mailing Address
**PO BOX 492160
LEESBURG FL 34749-2160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 701 28 Leesburg, FL 29 Zip 34748 30 Country Lake		3. Date Incorporated or Qualified 01/16/1978	
		4. FEI Number 59-1788018		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent PULLUM, J. STEPHEN 1330 W. CITIZENS BLVD. SUITE 701 LEESBURG FL 34748				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	TECHMAN, DIANNE M	1.2 NAME	
STREET ADDRESS	7435 CR 48 (PO BOX 101)	1.3 STREET ADDRESS	
CITY-ST-ZIP	YALAHUA FL	1.4 CITY-ST-ZIP	
TITLE	AST	2.1 TITLE	
NAME	PULLUM, STEPHEN J	2.2 NAME	
STREET ADDRESS	1330 W CITIZENS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	TECHMAN, THOMAS M	3.2 NAME	
STREET ADDRESS	7435 CR 48 (PO BOX 101)	3.3 STREET ADDRESS	
CITY-ST-ZIP	YALAHUA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Thomas M Techman 2-6-98 (352) 324 3289

CR2E034 (10/97)