

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 559825 (5)

1. Corporation Name

HANS TECHNICIANS, INC.



Principal Place of Business

1301 DUSKIN AVENUE  
ORLANDO FL 32839  
US

Mailing Address

~~P.O. BOX 112~~  
~~ORLANDO FL 32802-0112~~

3. Date Incorporated or Qualified  
02/15/1978

3a. Date of Last Report  
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 26 200 S. Orange Ave.

4. FEI Number  
59-1815163

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27 Suite 2300

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

City & State

City & State

23 28 Orlando, FL

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

Zip

Country

Zip

Country

24 25 29 30 32801-3432

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~A.G.C. CO.~~  
~~2000 SUN BANK CENTER~~  
~~ORLANDO FL 32801~~

81 Name A.G.C. Co.  
82 Street Address (P.O. Box Number is Not Acceptable)  
200 S. Orange Ave.  
Suite 2300  
84 City Orlando FL 85 Zip Code 32801-3432

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS VOGL, JOHN HANS  
CITY-ST-ZIP 882 37TH ST.  
ORLANDO FL

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS VOGL, KENNETH ROY  
CITY-ST-ZIP 1405 W. VERONA ST.  
KISSIMMEE FL

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS VOGL, VIOLET WALTRAUT  
CITY-ST-ZIP 882 37TH ST.  
ORLANDO FL

TITLE ☒ DELETE

NAME VP  
STREET ADDRESS FORD, DENNIS WALTON  
CITY-ST-ZIP 2027 10TH ST  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001821081  
-05/14/96--0117--008  
\*\*\*200.00

5/19/96

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

407-859-5140

Daytime Phone #

CR2E034 (12/95)