

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90030 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 607822** *WESTech Air Conditioning & REFRIGERATION, INC.*

1. Corporation Name  
**TENCO COMMERCIAL REFRIGERATION, INC.**

*(Name change Amended To: WESTech, Inc.)*

Principal Place of Business  
 6860 GULFPORT BLVD #305  
 ST PETERSBURG 33707

Mailing Address  
 6860 GULFPORT BLVD #305  
 ST PETERSBURG 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1979

4. FEI Number  
59-1877310Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No2. Principal Place of Business  
21 1111 D 26 AVE EAST2a. Mailing Address  
26 SameSuite, Apt. #, etc.  
22 Bradenton FLSuite, Apt. #, etc.  
27City & State  
23City & State  
28Zip  
24 34208 Country  
25 USAZip  
29 Country  
30

9. Name and Address of Current Registered Agent

TENN, VICKI  
 2845 SEABREEZE DRIVE, SOUTH  
 GULFPORT FL 33707

*NEW* →

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 20011 65 AVE EAST  
 83  
 84 City Bradenton FL 85 Zip Code 34202

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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
 NAME TENN, PETER E  
 STREET ADDRESS 2845 SEABREEZE DR., S.  
 CITY-ST-ZIP GULFPORT FL

TITLE ST  
 NAME TENN, VICKI  
 STREET ADDRESS 2845 SEABREEZE DR., S.  
 CITY-ST-ZIP GULFPORT FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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 20011 65 AVE E  
 1.4 CITY-ST-ZIP Bradenton, FL 34202

2.1 TITLE ☒ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 20011 65 AVE E  
 2.4 CITY-ST-ZIP Bradenton, FL 34202

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

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 941 7142535

Date

Daytime Phone #

CR2E034 (11/98)