

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

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F86663** (4)

1. Corporation Name
DITEC, INC.

Principal Place of Business

**4325 HWY 60 WEST
PO BOX 262
MULBERRY FL 33860**

Mailing Address

**4325 HWY 60 WEST
PO BOX 262
MULBERRY FL 33860-0262**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

3. Date Incorporated or Qualified

06/24/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2206216

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

**WRIGHT, MARVIN E
HWY 60 WEST
MULBERRY FL 33860**

10. Name and Address of New Registered Agent

81 Name

John K. Czariki

82 Street Address (P.O. Box Number is Not Acceptable)

4325 Hwy 60 West

83

84 City

Mulberry

FL

85 Zip Code

33860

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

John K. Czariki

John K. Czariki

2/15/97

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MARVIN E	
STREET ADDRESS	HWY 60 WEST	
CITY, ST, ZIP	MULBERRY FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MARY ELLEN	
STREET ADDRESS	HWY 60 WEST	
CITY, ST, ZIP	MULBERRY FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	John K. Czariki	
13 STREET ADDRESS	4325 Hwy 60 West	
14 CITY-ST-ZIP	Mulberry, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	STD	
22 NAME	Kimberly S. Czariki	
23 STREET ADDRESS	4325 Hwy 60 West	
24 CITY-ST-ZIP	Mulberry, FL 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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:

John K. Czariki **John K. Czariki**

1/30/97

941-425-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)