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 # **F90616** **(6)**

1. Corporation Name

TECHNICAL SALES & APPLICATIONS, INC.

Principal Place of Business	Mailing Address
C/O DEAN THOMAS 185 S CENTRAL AVE. OVIEDO FL 32765	C/O DEAN THOMAS 185 S CENTRAL AVE. OVIEDO FL 32765

3. Date Incorporated or Qualified: **07/06/1982**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-2206263** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Technical SALes+Appl. Inc	26 Technical SALes + Applic Inc
22 Suite, Apt. #, etc: 504 Indian Trail Rd ste 204B	27 Suite, Apt. #, etc: 504 Indian Trail Rd ste204B
23 City & State: LiLBURN, GA	28 City & State: LiLBurn GA
24 Zip: 30247 25 Country: Gwinnett	29 Zip: 30247 30 Country: Gwinnett

9. Name and Address of Current Registered Agent

BOLEY, DARIA
3016 HARBOUR LANDING
CASSELBERRY FL 32707

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

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: Daria Boley DATE: 3/2/96

(If this is a Registered Agent change, the registered agent must sign above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	P	☐ DELETE	1.1 TITLE	Secretary/TREASURER	☐ Change ☑ Addition
NAME	THOMAS, DEAN		1.2 NAME	Miller, Suzan	
STREET ADDRESS	27 N. COMMERCE ST.		1.3 STREET ADDRESS	4123 Rivermeade DR	
CITY-ST-ZIP	LIBERTY SC		1.4 CITY-ST-ZIP	LiLBurn, GA 30247	
TITLE	VTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JEAN		2.2 NAME		
STREET ADDRESS	27 N. COMMERCE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIBERTY SC		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROGER		3.2 NAME		
STREET ADDRESS	4123 RIVERMEADE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LILBURN GA		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLEY, DARIA		4.2 NAME		
STREET ADDRESS	3016 HARBOUR LANDING WY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEAL, BRUCE		5.2 NAME		
STREET ADDRESS	1007 GOULD PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: Daria Boley 3/2/96 407/365-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #