

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
504 INDIAN TRAIL ROAD
SUITE 201-B
LILBURN GA 30247
US

Mailing Address
504 INDIAN TRAIL ROAD
SUITE 201-B
LILBURN GA 30247
US

FILED
97 JUL 31 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1982		3a. Date of Last Report 03/08/1996	
4. FEI Number 59-2206263		Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 504 Indian Trail Road Suite, Apt. #, etc. 22 Suite 201-B City & State 23 Lilburn, GA Zip 24 30047	2a. Mailing Address 25 504 Indian Trail Road Suite, Apt. #, etc. 27 Suite 201-B City & State 28 Lilburn, GA Zip 29 30047	Country 26 USA 30 USA
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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 Daria Boley
82 Street Address (P.O. Box Number is Not Acceptable) 185 South Central Avenue
83
84 City Oviedo
85 Zip Code FL 32765

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DEAN 27 N. COMMERCE ST. LIBERTY SC <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	700002259797--B -08/06/97--01096--022 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS THOMAS, JEAN 27 N. COMMERCE ST. LIBERTY SC <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ROGER 4123 RIVERMEADE DR. LILBURN GA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V Miller, Roger 4123 Rivermeade Dr. Lilburn, GA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOLEY, DARIA 3016 HARBOUR LANDING WY CASSELBERRY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEAL, BRUCE 1007 GOULD PL OVIEDO FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	8.5-97 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, SUZAN 4123 RIVERMEADE DRIVE LILBURN GA <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature: [Signature] Miller ST 7-23-97 770-92544

CR2E034 (4/97)



**TECHNICAL
SALES
& APPLICATIONS, INC.**

(2)

July 23, 1997

Division of Corporations
Attn: Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find the attached 1997 Profit Corporation Annual Report along with a check in the amount of \$165.00. Our company did not receive the first notice for this report, and therefore I was unaware that this was due before June.

Thank you for your time.

Sincerely,

Marla Moulder

Marla Moulder
Asst. Corporate Accounting Manager

Enclosures

Dean Thomas
P.O. Box 269
Liberty, SC 29657
(800) 814-4204
FAX (864) 843-4133

Roger Miller
504 Indian Trail Rd., Suite 201-B
Lilburn, GA 30247
(770) 925-1276
FAX (770) 925-1497

Bruce Neal
185 South Central Avenue
Oviedo, FL 32765
(407) 365-2233
FAX (407) 365-8422

Daria Boley
185 South Central Avenue
Oviedo, FL 32765
(407) 365-2233
FAX (407) 365-8422