FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAR -7 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001964 (5)

1. Corporation Name
DYNACON TECHNICAL SERVICE, INC.

000001425940
-03/10/95--01030--012
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~PO BOX 1578~~ ~~OLDSMAR FL 34677-0038~~	~~PO BOX 1578~~ ~~OLDSMAR FL 34677-0038~~

3. Date Incorporated or Qualified: 04/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4129 W Waters Ave.	26 4129 W Waters Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip 24 33614 Country 25 Hillsboro	Zip 29 33614 Country 30 Hillsboro

4. FEI Number: 56-1675622 ☐ 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

CORPORATION INFORMATION SERVICES INC
1201 HAYS STREET
TALLAHASSEE FL 32303

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 that position.

CORPORATION INFORMATION SERVICES, INC. 3-7-95

SIGNATURE GAIL SHELBY AS AGENT (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE		☐ Change ☐ Addition
NAME	SHARPE, RHONDA	12 NAME		
STREET ADDRESS	6515 W BERRIGAN COURT	13 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34446	14 CITY-ST-ZIP		
TITLE	C	21 TITLE	Director	☒ Change ☐ Addition
NAME	SHARPE, HENRY	22 NAME		
STREET ADDRESS	6515 W BERRIGAN COURT	23 STREET ADDRESS	Same	
CITY-ST-ZIP	HOMOSASSA FL 34446	24 CITY-ST-ZIP	Same	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	WALDEN, CAROLYN	32 NAME		
STREET ADDRESS	6330 LEE ROAD 240	33 STREET ADDRESS		
CITY-ST-ZIP	PHENIX CITY AL 36867	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		RC

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 on an attachment with an address.

SIGNATURE: Rhonda Sharpe - President 3-2-95 813-677-3311
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER
Rhonda Sharpe

0460002 FP