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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State

**FILED** 

May 07 1998 8:00am

•	1998	DIVISION OF CO		_ /3 ***				
	MENT # F940C							
שט וב	CHNICAL SERVICES, INC	URPURATED				In Didde 1184 1887	A) (181 198)	
Principal Place of Business Mailing Address					P TOURISM SILE LEAST DIDN COME SOUR BOARS ORING OR	JSC B (UW) 10001 (UU)	40 FF01 1001	
3904 BLUE FOX WAY 3904 BLUE FOX WAY VALRICO FL 33594					}			
VALHIOU FL 3	SD94	VALRICO FL 33594			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified			1
2. Principal Place of Business 2a. Mailing Address					06/11/1994 4. FEI Number App		which for	1
21		26 26			) " <u>}</u>		plied For Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$ Cartificate of Status Desired \$8.75 Additional			1
22		27			6. Certificate of Statos Desired 122	Fee Re		_
City & State	ê .	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00		1
Zip Country		Z <sub>I</sub> p Country		Trust Fund Contribution  8. This corporation owes or has paid the c	Added t		1	
24	25	<del></del>	30	•	Personal Property Tax due June 30.		No	1
	g. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Registered	d Agent		]
	OLEY JR, DAN S		8	1 Name				
3904 BLUE FOX WAY			6:	2 Street Add	dress (P.O. Box Number is Not Acceptable)			1
VAL	JRICO FL 33594-7263		8	3				┨
			8	4 0:		Teal at a	0.01	-
			*	4 City	F	L  85   Zip (	Code	1
<ol> <li>Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autlagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>				ve-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the at	of changing its	s registered registered	1
agent, 1 a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flor	rida Statut	es.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,0,0	
SIGNATURE	Signature, typed or printed hame of registered	agent and title if applicable (NOTE:	Registered A	gent signature requ	uired when reinstating) DATE			1_
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AN			]6
TITLE	P	☐ DELETE	1.1 TIPLE	}		L Change	Addition Addition	15
NAME	COOLEY JR, DAN S		1.2 NAME	i				3
STREET ADDRESS CITY-ST-ZIP	3904 BLUE FOX WAY VALRICO FL		1.3 STRE	ET ADDRESS				Įğ
TITLE	S	DELETE	2.1 TITLE			Change	Addition	₹8
NAME	COOLEY, MARLEA C		2 2 NAMI	E {				l
STREET ADDRESS	3904 BLUE FOX WAY		2.3 STRE	ET ADDRESS				1
CITY-ST-ZIP	VALRICO FL	T DE LEGI	2. 4 CITY					]
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAMI			Change	Addition	ļ
STREET ADDRESS	!			ET ADDRESS				1
CITY-ST-ZIP				-ST-ZIP				ł
TITLE	<del></del>	☐ DELETE	4.1 TITLE			Change	Addition	1
NAME			4. 2 NAM	AE .				}
STREET ADORESS				ET ADDRESS				1
CITY-ST-ZIP		DELETE	5.1 TITLE			Change	Addition	-[
TITLE NAME		L.J OLCLIC	5.2 NAM	1		- oranga	L. Admindi	
STREET ADDRESS		i	5.2 NAME 5.3 STREET ADDRESS					1
CITY-ST-ZIP	·		5.4 CITY	I				}
TITLE		DELETE	6 1 TITLE			Change	Addition	1
NAME			6.2 NAMI	- 1				
STREET ADDRESS				ET ADDRESS				1
14. I hereby c	certify that the information supplied	I with this filing does not qualify for	6.4 CITY		n Section 119.07(3)(i), Florida Statutes. I further	certify that the	information	4
hoteoibai	on this convert conduct or autonland	atal annual report in true and son	unto and t	that was alone	here shall have the same legal effect on it made			1

irrurcated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am ar 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.