FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90027 022 ***158.75

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

Mailing Address

2000 BRUNSWICK LANE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500002023

1. Corporation Name

Principal Place of Business

3353 PEACHTREE RD

TECHNICAL PRODUCTS GROUP, INC.

STE 920		25TH FLOOR DELAND FL 32724 US		DO NOT WRITE IN THIS SPACE				
ATLANTA GA 30326 US				3. Date Incorporated or Qualifed				
					04/26/1995		1	
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 200 Mansell Ct. East 26 2000 Brunswic			ick La	ne	76-0467373		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	v	Additional	
22 Suite 505 27					3. Certaicate of otalica occarco	Fee F	Required	
City & State City & State					6. Election Campaign Financing		May Be	
23 Roswell, GA 30076 28 DeLand, FL					Trust Fund Contribution		to Fees	
			Country		8. This corporation owes the current year		VIII.	
[24] 300/6 [25] USA [25] JZ1Z4 [30] USA							X No	
Name and Address of Current Registered Agent					10. Name and Address of New Registere	u Agent		
C T CORPORATION SYSTEM				Name				
1200 SOUTH PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83					
	TIMION TE GOOET		63					
			84	City		85 Zip	Code	
TL								
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 ANI		13,	it orginatore i	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	e 🔲 Addition	
NAME	CARTER, JAMES S		1.2 NAME				}	
			1.3 STREET	ADDRESS	200 Mansell Ct. East - Su	ite 505		
CITY-ST-ZIP	ATLANTA GA 30326		14 CITY-ST	Γ-ZIP	Roswell, GA 30076		g.m. v.	
TITLE	D	☐ X DELETE	2.1 TITLE		P	☐ Change	e X Addition	
NAME	FORBES, GARY L		2.2 NAME		Dwight Byrd			
STREET ADDRESS 2929 ALLEN PKWY, 25TH FLOOR 2			2.3 STREET	ADDRESS	150 Johnston Road			
CITY-ST-ZIP	HOUSTON TX		2. 4 CITY-S	T-ZIP	Marion, VA 24354			
TITLE	D .	[X DELETE	3.1 TITLE		P	☐ Change	e X Addition	
NAME	WESNESKI, LAWRENCE E		3.2 NAME		Richard J. Rashilla			
STREET ADDRESS 200 CEDAR MAPLE PLAZA, 2305 CEDAR SPRGS 33			3.3 STREET	ADDRESS	4300 Industrial Avenue			
CITY-ST-ZIP	DALLAS TX		3 4. CITY-S	T-ZIP	Lincoln, NE 68504	<u> </u>		
TITLE	P	₹ DELETE	4.1 TITLE		P	☐ Change	e XX Addition	
NAME	Lattanzi, Henry R		4. 2 NAME		Hodges, Brian W.			
STREET ADDRESS	2000 BRUNSWICK LANE		4 3 STREET		2000 Brunswick Lane			
CITY-ST-ZIP	DELAND FL 32724		4.4 CITY-S	r-zip	DeLand, FL 32724	-570	. 🗖 🐧	
TITLE	VTD	☐ DELETE	5.1 TITLE			X Change	e	
NAME	DOMINY, GARRETT		5.2 NAME		200 Mansell Ct. East - Su	ita sas		
STREET ADDRESS	3353 PEACHTREE RD #920		5.3 STREET		Roswell, GA 30076	ILE JUJ		
CITY-ST-ZIP	ATLANTA GA 30326	☐ DELETE	5.4 CITY-S	1-ZP	W V	☐ Change	e 🖫 Addition	
TITLE		☐ DEFEIE	6.2 NAME		*	— снану	A Addition	
NAME				T A D D D E D O	Richard Zeitz 200 Mansell Ct. East - Su	:+- 505		
STREET ADDRESS	;		6.3 STREET		200 mansell Ct. East - Su	Tre 505		
CITY-ST-ZIP	i		6.4 CITY-S	r-ZIP				

14. I 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, with all other like empowered.

SIGNATURE:

904-736-1700