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Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90003 020 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003836

1. Corporation Name
NUTECH SALES, INC.

Principal Place of Business
P.O. BOX 158
LUTZ FL 33548

Mailing Address
P.O. BOX 158
LUTZ FL 33548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1998

4. FEI Number
22-3025655

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 6112 COGNAC CIRCLE

26 6112 COGNAC CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LUTZ FL

28 LUTZ FL

Zip

Country

Zip

Country

24 33549

25

29 33549

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, RAYMOND
3704 CARROLLWOOD PLACE CIRCLE
#9-201
TAMPA FL 33626

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6112 COGNAC CIRCLE

83

84 City LUTZ

FL

85 Zip Code 33549

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 PS
NAME MILLER, RAYMOND
STREET ADDRESS 3704 CARROLLWOOD PLACE CIR. #9-201
CITY-ST-ZIP TAMPA FL 33626

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6112 COGNAC CIRCLE
1.4 CITY-ST-ZIP LUTZ FL 33549

TITLE VT
NAME MILLER, KAREN S
STREET ADDRESS 3704 CARROLLWOOD PLACE CIR. #9-201
CITY-ST-ZIP TAMPA FL 33626

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6112 COGNAC CIRCLE
2.4 CITY-ST-ZIP LUTZ FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)