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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G47875 (1)**

**1. Corporation Name  
HI-TEC ASSOCIATES, INC.**

**Principal Place of Business Mailing Address  
5300 S FLORIDA AVE. UNIT G3  
PO BOX 5526 (ZIP 33807)  
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 07/08/1983** **3a. Date of Last Report 04/29/1994**  
**4. FEI Number 59-2296628** **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

**2. Principal Place of Business 2a. Mailing Address**  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **28** Zip **24** Country **25** Country **29** Country **30** Country

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**  
**GONZALEZ, JOSEPH M.** **81 Name**  
**5332 GLENMORE DRIVE** **82 Street Address (P.O. Box Number is Not Acceptable)**  
**LAKELAND FL 33803** **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, Section 607.0505, Florida Statutes.**

**SIGNATURE** Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>PD</b>	<b>GONZALEZ, JOSEPH M.</b> <b>5332 GLENMORE DRIVE</b> <b>LAKELAND FL</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b> <b>VTD</b>	<b>REED, CHARLES W.</b> <b>5340 LOCH PLACE</b> <b>LAKELAND FL</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b> <b>VSD</b>	<b>BRADLEY, ALAN S.</b> <b>7505 SOMERSET SHORES COURT</b> <b>ORLANDO FL 32819</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(3)(k), 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, unchanged, or on an attachment with an address.**

**SIGNATURE:** *Charles W. Reed* **4-19-95 8136448200**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Signature Number**  
**CHARLES W. REED**