

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G47875** (1)

1. Corporation Name
HI-TEC ASSOCIATES, INC.



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

3. Date Incorporated or Qualified: **07/08/1983**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2296628**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **GONZALEZ, JOSEPH M. 5332 GLENMORE DRIVE LAKELAND FL 33803**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
PD **GONZALEZ, JOSEPH M. 5332 GLENMORE DRIVE LAKELAND FL**
VTD **REED, CHARLES W. 5340 LOCH PLACE LAKELAND FL**
VSD **BRADLEY, ALAN S. 7505 SOMERSET SHORES COURT ORLANDO FL 32819**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY- ST- ZIP
2. TITLE NAME STREET ADDRESS CITY- ST- ZIP
3. TITLE NAME STREET ADDRESS CITY- ST- ZIP
4. TITLE NAME STREET ADDRESS CITY- ST- ZIP
5. TITLE NAME STREET ADDRESS CITY- ST- ZIP
6. TITLE NAME STREET ADDRESS CITY- ST- ZIP

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)(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 if changed, or on an attachment with a address.

SIGNATURE: **Charles W. Reed V.P.** **4-27-96** **9416448000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)