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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G51246

(8)

DOCUMENT # 1. Corporation Name PETERSON TECH, INC.

FILED 04/29/1996 08:00:00 Secretary of State

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Principal Place of Business Mailing Address									#11 #1 #11	*140. 6150. 6150. 1861
123 CUMBERLAND CIR. E LONGWOOD FL 32779			123 CUMBERLAND CIR. E LONGWOOD FL 32779							
LONGNOOD	TE SETTS		conomous it at				Date Incorporated or Qualified	3a. Date	of Las	t Record
							07/26/1983	-		/1995
2. Principal Pla	ce of Business	2a	. Mailing Address				4. FEI Number	.l	1,710	Applied For
21	00 01 110 110 110 110 110 110 110 110 1	26					59-2310628			Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
2]				5. Certificate of Status Desired	Fee Required		
City & State			City & State			., -	6. Election Campaign Financing	\$5.00 May Be		
3			28				Trust Fund Contribution Added to Fees			
Zip	Country	ļ,	Zφ	Cou	ntry		8. This corporation has liability for intangible tax under s 199.032,			
24	25	29	-,	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	n Regis	stered Agent		81	Name	10. Name and Address of New H	egisterea A	(gent	
					01	Name				
Davis,						Street Add	reet Address (P.O. Box Number is Not Acceptable)			
	oyer street					ļ				
LONGW	/OOD 32750				83					
					84	City			85	Zip Code
							ration submits this statement for the pur	FL.		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN			Offic Registered 13.	Agei	il signature require	al when recidating: ADDITIONS/CHANGES TO OFF	DATE IÇERS AND	DIRE	CTORS IN 12
TIFLE	PD		☐ DELETE	1 1 1	Ifuŧ	T I			Char	
NAME	PETERSON, RONALD F.			1.2 N	AME					
STREET ADDRESS	123 CUMBERLAND CIR. E.			1.3 S	REET	T ADDRESS				
CITY-ST-ZIP	LONGWOOD FL		14		1.4 CHY+S1+ZIP					
THILE	STD		DELETE	2 1 7	ITLE] Char	nge 🔲 Addition
NAME	PETERSON, PATRICIA A.			22 N	AME					
STREET ADDRESS	123 CUMBERLAND CIR. E.			2 3 S	THEE	LADDRESS				
CITY - ST - ZIP	LONGWOOD FL			2 4 C	ijγ-S	S1 - 71P				
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NAME				3 2 N	AME	}				
STREET ADDRESS				33 S	TREE	T ADDRESS				
City - St - ZiP						ST ZIP				
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NAME				42N	AME					
STREET ADDRESS				435	TREE	T ADDRESS				
CITY-ST-ZIP				44C	ΠY - !	ST-ZIP				
TITLE			DELETE	5 1 7	ITLE			L	Char	nge 🗌 Addition
NAME				5 2 N	AME					
STREET ADDRESS				538	IRH	I ADDRESS				
CHTY - ST-ZIP						\$1 - 7IF		<u>=</u>		
TITLE			DELETE	6.11	HLE			[Char	nge [] Addition
NAME				62 N	AME					
STREET ADDRESS				635	TREE	LADDRESS				

64 CITY - ST - Z P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETERSON

PRESIDENT

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 arinual 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 adverse. 4/15/96 (407) 299-0164