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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G92612

(2)

TRAINING & TECHNICAL SERVICES, INC.

FILED								
Feb 03 1997 8:00am	1							
Secretary of State								
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Principal Place of Business Mailing Address 8012 N. WILEY POST WAY 8012 N. WILEY POST WAY									
HERNANDO FL 34442-2111		HERNANDO FL 34442-2111							
U\$		U\$				3. Date Incorporated or Qualified 03/19/1984	3a. Date of 04/18/		port
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number	<u></u>	Api	plied For
21		26							t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired	X \$	\$8.75 Additional Fee Required	
City & Sta	te					6. Election Campaign Financing		5.00 May Be	
23 Zip	Country	28	1 0	Country		Trust Fund Contribution 8. This corporation has hability for			
24	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes 🔯 N		188.002,
24	g. Name and Address of Curren		1401	T		10. Name and Address of New Re			
HE	TTERICH, RAYMOND J.			81	Name			,	
	05 38TH AVENUE, NORTH			82	Stroot Ad	dress (P.O. Box Number is Not Acceptate	اهاد		
	. PETERSBURG FL 33710			02	SUBBL MU	diess (F.O. DOX Northber is Not Acceptate	10)		
•				83					
				84	City		8	5 Zip C	Code
					-		FL		
11. Pursuant	t to the provisions of Sections 607.0502	? and 607.1508, Florida State of Florida, Such change was	utes, the	wods s	e-named co	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of cha at the appoint	ເກgin g i ts ment a s	s registered registered
agent I	am familiar with, and accept the obliga	tions of, Section 607.0505, F	-lorida S	Statutes	3.				
SIGNATURE									
	Signature, typed or printed name of registered age OFFICERS AND			<u>.</u> .	nt signature rec	julred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	SECTOR	C IN 12
12. Title	OF ICERS AND	DELETE		3. 1 1 111.6	 .	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	STUART, RICHARD N.	LLD DELETE		2 NAME					
STREET ADDRESS	ANAL MILEV DOCT WAY				ADDRESS				
	HERNANDO FL		1	4 CITY-5	- 1				
CITY - ST - ZIP	ST	☐ DELETE		1 TITLE	11-21			Change	Addition
NAME	STUART, JULIE L.	-		2 NAME					
STREET ADDRESS	ANALAH SHILEY BOOT MAY		2	3 STREET	ADDRESS				
CITY - \$1 - 7/P	HERNANDO FL			. 4 CITY-					
TITLE		☐ DELETE	*******	.1 TITLE				Change	Addition
NAME			3	.2 NAME					
STREET ADDRESS	s		а	.3 STREET	ADDRESS				
C/TY-ST-ZIP			3	.4. CITY-	\$T- 2 IP				
TITLE		☐ DELETE	4	.1 TITLE				Change	Addition
NAME			4	. 2 NAME					
STREET ADDRESS	s		4	.3 STREE	ADORESS				
CITY-ST-ZIP			4	4 CITY-	ST-ZIP				
TITLE		DELETE	5	i.1 TITLE			L	Change	Addition
NAME				.2 NAME					
STREET ADORESS	5		5	i.3 STREE	T ADDRESS				
CITY-ST-ZIP		T briess		.4 CITY-	ST - ZIP			Chanca	Addition
1/1LE		☐ DELETE		.1 TITLE			لــا	Change	Addition
NAME			1	2 NAME					
STREET ADDRESS	S				T ADDRESS				
CITY-SI-ZIP		2 (1) (1) (1) (1)	- 176	4 CITY-		led in Section 110.07/2//i) Floride Statut	16.46	-4:E . 45-04	tha

14. I do 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Date Daytime Proce

Daytime Phone ♦