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 # **H09495** **(3)**

1. Corporation Name
PRIMETEC INCORPORATED

Principal Place of Business
2900 S.HORSESHOE DR.
NAPLES FL 33942

Mailing Address
2900 S.HORSESHOE DR.
NAPLES FL 33942

3. Date Incorporated or Qualified: **06/26/1984**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2428863** ☐ 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
21 4241 Corporate Square
Suite, Apt. #, etc.
22 N/A
City & State
23 Naples, FL
Zip 24 33942 Country 25 USA

2a. Mailing Address
26 4241 Corporate Square
Suite, Apt. #, etc.
27 N/A
City & State
28 Naples, FL
Zip 29 33942 Country 30 USA

9. Name and Address of Current Registered Agent

SMITH, ROY
2900 S.HORSESHOE DR.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4241 Corporate Square
83
84 City
Naples, FL 85 Zip Code 33942

11. Pursuant to the provisions of Section(s) 607.0502 and 617.1502, 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 _____ 4/16/96
(Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, KEN		12 NAME	
STREET ADDRESS	5508 FOXHUNT WAY		13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROY		22 NAME	
STREET ADDRESS	148 FLAME VINE		23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachments to this 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 above, or on an attachment with an address.

SIGNATURE: Roy Smith, Director 4/16/96 941-643-2782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)