

5-2-97 B-6/02 C  
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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H87939 (5)

1. Corporation Name

A-TECH ASSOCIATES, INC. OF PINELLAS COUNTY

Principal Place of Business

A TECH ASSOCIATES  
327 6TH AVE  
INDIAN ROCKS BEACH FL 34635  
US

Mailing Address

A TECH ASSOCIATES  
327 6TH AVE  
INDIAN ROCKS BEACH FL 33785-2549  
US

3. Date Incorporated or Qualified  
12/03/1985

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 327 6th Ave

Suite, Apt. #, etc.

22 City & State  
Indian Rocks Beach

23 Zip  
33785

24 Country  
Pinellas

2a. Mailing Address

26 Suite, Apt. A-TECH ASSOC.  
327 6th Ave

27 City & State  
Indian Rks Bch, FL 33785

28 Zip  
33785

29 Country  
FL

4. FEI Number

59-2637578

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

9. Name and Address of Current Registered Agent

JONES, HARRY  
13489 WALSINGHAM ROAD  
LARGO FL 34844

Harry Jones  
327 6th Ave  
Indian Rks Bch, FL 33785

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME JONES, HARRY  
STREET ADDRESS 13489 WALSINGHAM ROAD  
CITY- ST- ZIP LARGO FL

TITLE  
NAME Harry Jones  
STREET ADDRESS 327 6th Ave  
CITY- ST- ZIP Indian Rks Bch, FL 33785

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)