

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H89820** (5)

1. Corporation Name
HIGH TECH ELEVATOR SERVICE, INC.



Principal Place of Business
**P.O. BOX 4220
SEMINOLE FL 34642**

Mailing Address
**P.O. BOX 4220
SEMINOLE FL 34642**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified 12/12/1985	3a. Date of Last Report 03/13/1995
4. FEI Number 59-2615354	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				10. Name and Address of New Registered Agent			
WATKINS, CARL T. CPA 7345 JACKSON SPGS. RD. #2 TAMPA FL 33614				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the individual who is the registered agent of the corporation

Signature of the Registered Agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
2. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
3. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
4. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
5. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
6. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-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 an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A Lillico

2-7-96

813-756-3933

CR2E034 (12/95)