

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90007 032 \*\*\*150.00

DOCUMENT # H95699

1. Corporation Name

HI-TECH ENGINEERING AND DEVELOPMENT CORPORATION

Principal Place of Business

12586 CAPRI CIR. N.  
TREASURE ISLAND FL 33706

Mailing Address

12586 CAPRI CIR. N.  
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1986

4. FEI Number

59-2641011

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 12586 CAPRI CIR. N.  
TREASURE ISLAND, FLA. 33706

2a. Mailing Address

26 12586 CAPRI CIR. N.  
TREASURE ISLAND, FLA. 33706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State 33706

City & State 33706

23 TREASURE ISLAND, FLA

28 TREASURE ISLAND, FLA. 33706

Zip 33706 Country PINELLAS  
24 33706 25 COUNTY

Zip 33706 Country PINELLAS  
29 33706 30 COUNTY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEW, JOHN C.  
150 2ND AVE. NO., SUITE 1500  
ST. PETERSBURG FL 33701

81 Name

DEW, JOHN C.

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

150 2ND AVE. NO. SUITE 1500

83

SAME AS IN Block 9

84 City

ST. PETERSBURG

FL

85 Zip Code 33701

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VST ☐ DELETE

NAME QUATKEMEYER, JOSEPH F.

STREET ADDRESS 12586 CAPRI CIR. N.

CITY-ST-ZIP TREASURE ISLAND FL

TITLE P ☐ DELETE

NAME QUATKEMEYER, CAROLE

STREET ADDRESS 12586 CAPRI CIRCLE N.

CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Joseph F. Quatkemeyer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH F. QUATKEMEYER 3/12/99

Date

(727) 360-7454

Daytime Phone #

CR2E034 (11/98)