FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 AM 10:50

DOCUMENT # **J16716** **(9)**

1. Corporation Name
HTI TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
300 THIRD AVE N ST PETERSBURG FL 33701	300 THIRD AVE N ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business
21 1355 Snell Isle Blvd. N.E.
Suite, Apt. #, etc.
22 Suite #204
City & State
23 St. Petersburg, Florida
Zip 24 33704 Country 25 Pinellas

2a. Mailing Address
26 1355 Snell Isle Blvd. N.E.
Suite, Apt. #, etc.
27 Suite # 204
City & State
28 St. Petersburg, Florida
Zip 29 33704 Country 30 Pinellas

4. FEI Number: 59-2725460 ☐ 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

HICKS, WILLIAM, S
6216 RAVENWOOD DR
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FROST, JACK M.	12 NAME	
STREET ADDRESS	2125 S TANGLEWOOD WAY NE	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, HAMILTON	22 NAME	
STREET ADDRESS	4000 WAILEA ALANUI DR	23 STREET ADDRESS	
CITY-ST-ZIP	WAILEA, MAUI, HI	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROEDER, ROSS	32 NAME	
STREET ADDRESS	1355 SNELL ISLE BLVD NE	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	EASTERMAN, DAVID A.	42 NAME	
STREET ADDRESS	1355 SNELL ISLE BLVD NE	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	HICKS, WILLIAM S.	52 NAME	
STREET ADDRESS	6216 RAVENWOOD DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE		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 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 added/attachment with an address.

SIGNATURE: _____ May 31, 1995 (813) 823-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William S. Hicks

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