

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 # J16716 (9)

1. Corporation Name

HTI TECHNOLOGIES, INC.



Principal Place of Business

1355 SNELL ISLE BLVD NE
STE 204
ST PETERSBURG FL 33704
US

Mailing Address

1355 SNELL ISLE BLVD NE
STE 204
ST PETERSBURG FL 33704
US

3. Date Incorporated or Qualified
05/27/1986

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

10. Name and Address of New Registered Agent

HICKS, WILLIAM, S
6216 RAVENWOOD DR
SARASOTA FL 34243

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 19, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D FROST, JACK M.
STREET ADDRESS 2125 S TANGLEWOOD WAY NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME D HARRIS, HAMILTON
STREET ADDRESS 4000 WAILEA ALANUI DR
CITY-ST-ZIP WAILEA, MAUI, HI

TITLE ☐ DELETE

NAME D ROEDER, ROSS
STREET ADDRESS 1355 SNELL ISLE BLVD NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME SD EASTERMAN, DAVID A.
STREET ADDRESS 1355 SNELL ISLE BLVD NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME PD HICKS, WILLIAM S.
STREET ADDRESS 6216 RAVENWOOD DRIVE
CITY-ST-ZIP SARASOTA FL

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

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 addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1996 (813) 823-4600
Date Daytime Phone

CR2E034 (12/95)