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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # J34803** 

(3)

MILTEC ENGINEERING, INC.

Principal Place of Business Mailing Address 14110 HARBORWOOD DR. 14110 HARBORWOOD DR. LARGO FL 34644 LARGO FL 33774-2020 3. Date incorporated or Qualified 3a. Date of Last Report 04/19/1996 09/24/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEE, KENNETH R. 14110 HARBORWOOD DR. 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34644** 83 84 Zip Code **B**5 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 pented name of registered agent and tice it applicable [NOTE: Registered Agent signature required when reinstating] (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ Addition PD Change TITLE DELETE 1.1 TITLE LEE, KENNETH R. 1.2 NAME NAME CR2E034 14110 HARBORWOOD DR. 1.3 STREET ADDRESS STREET ADORESS LARGO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ D€LETE Change TITLE 21 TITLE LEE. LOIS A. NAME 2.2 NAME 14110 HARBORWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS DITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 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 of 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 compretation or the receiver of 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 pranged, or on an extension put with an address.

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

THILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHATURE WITH THE OF MANE OF BIONING OFFICER OF DIRECTOR

DELETE

DELETE

1/23/97 8/13-595-4317

500002076545°° -02/04/97--01024--039

\*\*\*165.00

Change

Addition

Addition

FILED

Feb 03 1997 8:00am

Secretary of State