

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J55680 (9)

1. Corporation Name

TECHNICAL SERVICE SYSTEMS, INC.



Principal Place of Business

Mailing Address

304 MAGNOLIA, STE #4
2
PANAMA CITY FL 32402-9511
US

304 MAGNOLIA, STE #4
2
PANAMA CITY FL 32402-9511
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/03/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2763895

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

10. Name and Address of New Registered Agent

ALEX LEWIS
6045 WOODVILLE HWY
TALLAHASSEE FL 32311

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 of person authorized to execute this statement

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
WENICK, LOUIS M.
STREET ADDRESS
304 MAGNOLIA AVE, SUITE 2
CITY-ST-ZIP
PANAMA CITY FL

TITLE ☐ DELETE

O
NAME
LEWIS, ALEX
STREET ADDRESS
6045 WOODVILLE HWY
CITY-ST-ZIP
TALLAHASSEE FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: LOUIS M. WENICK, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 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 on an addition thereto.

4/24/96

904-784-4779

CR2E034 (12/95)