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 # **J81405** **(9)**

1. Corporation Name

SCIEN-TECH ASSOCIATES, INC.

Principal Place of Business

% DAVID F. BARBER SR
1487 2ND ST.. SUITE D
SARASOTA FL 34236

Mailing Address

% DAVID F. BARBER SR
1487 2ND ST.. SUITE D
SARASOTA FL 34236

3. Date First Incorporated/Qualified: **07/02/1987**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **65-0004060** ☐ 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. Is this corporation filing for an initial limited liability tax under s. 199.032 Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business

21 2850 Tynecastle Road
Suite, Apt. #, etc.
22 Suite C
City & State
23 Banner Elk, NC 28604
Zip
24 | 25 County

2a. Mailing Address

26 P.O. BOX 2097
Suite, Apt. #, etc.
27
City & State
28 BANNER ELK, NC
Zip
29 28604-2097 | 30 County

9. Name and Address of Current Registered Agent

BARBER, DAVID F., SR
5426 BAY SHORE ROAD
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name: MEYER, ROBERT C.
82 Street Address (P.O. Box Number is Not Acceptable): 3427 SAULSTARS
83
84 City: SARASOTA **FL** 85 Zip Code: 34232

11. Pursuant to the provisions of Section 607.1008, 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. The corporation is qualified to do business in Florida. I hereby certify that the corporation has authorized the officers or directors to execute this statement, and that I am familiar with, and accept the obligations of, the position(s) set forth in this statement.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	BARBER, DAVID F. SR	
STREET ADDRESS	5246 BAY SHORE ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	☐ DELETE
NAME	BARBER, ELIZABETH A.	
STREET ADDRESS	5246 BAY SHORE ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	☐ DELETE
NAME	BARBER, DAVID F. JR	
STREET ADDRESS	2572 SCARLET OAK CRT, W	
CITY-ST-ZIP	SARASOTA 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	☒ Change ☐ Addition
NAME	BARBER, DAVID F., SR.	
STREET ADDRESS	500 LAUREL LANE	
CITY-ST-ZIP	NEWLAND, NC 28657	
TITLE	STD	☒ Change ☐ Addition
NAME	BARBER, ELIZABETH A.	
STREET ADDRESS	500 LAUREL LANE	
CITY-ST-ZIP	NEWLAND, NC 28657	
TITLE	PD	☒ Change ☐ Addition
NAME	BARBER, DAVID F., JR.	
STREET ADDRESS	2850 TYNECASTLE ROAD	
CITY-ST-ZIP	BANNER ELK, NC 28604	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 with an indication for a mailing address.

SIGNATURE: *David F. Barber Jr* 4/1/96 (704)898-6375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)