FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # K26209 (2)

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name
CAN-TECH CORPORATION

Principal Place of Business
4333 ST. AUGUSTINE RD.
SUITE 13
JACKSONVILLE FL 32207
US

Mailing Address
4333 ST. AUGUSTINE RD.
SUITE 13
JACKSONVILLE FL 32207-7231
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 06/13/1988
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
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2a. Mailing Address
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29 30

4. FEI Number: 59-2896196
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. Does corporation owe taxes or intangible tax under § 199.032, Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WAMSLEY, ROBERT H. JR.
1414 PALM LANE
JACKSONVILLE FL 32216

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 607.1008, 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)
Title	VD	☐ Change ☐ Addition
Name	WAMSLEY, ROBERT HOMER,SR	
Address	1400 PALM LANE	
City-St-Zip	JACKSONVILLE FL	
Title	PTD	☐ Change ☐ Addition
Name	WAMSLEY, ROBERT HOMER,JR	
Address	1414 PALM LANE	
City-St-Zip	JACKSONVILLE FL	
Title	SD	☐ Change ☐ Addition
Name	PAFFORD, MAYME, ALMA	
Address	11704 AARON RD	
City-St-Zip	JACKSONVILLE FL	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5/4/95

904 379-5972

0016343 CP