

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K26209 (2)

1. Corporation 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/13/1988

3a. Date of Last Report

05/10/1995

4. FLI 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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WAMSLEY, ROBERT HOMER, SR	
STREET ADDRESS	1400 PALM LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WAMSLEY, ROBERT HOMER, JR	
STREET ADDRESS	1414 PALM LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PAFFORD, MAYME, ALMA	
STREET ADDRESS	11704 AARON RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Phillips, Michael G.	
1.3 STREET ADDRESS	2823 State Road 13	
1.4 CITY-ST-ZIP	Jacksonville, Florida 32259	
2.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fletcher, Michael W.	
2.3 STREET ADDRESS	2829 State Road 13	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32259	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kidd, Pennie Wamsley	
3.3 STREET ADDRESS	11668 Flynn Road	
3.4 CITY-ST-ZIP	Jacksonville, Florida 32223	
4.1 TITLE	2nd-VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wamsley, Robert Homer, Jr.	
4.3 STREET ADDRESS	1414 Palm Lane	
4.4 CITY-ST-ZIP	Jacksonville, Florida 32216	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered agent 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, with an attachment with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (12/95)