

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # K53725 (3)

1. Corporation Name
GROUP TECHNOLOGIES CORPORATION

95 MAY -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **10901 MALCOLM MCKINLEY DRIVE TAMPA FL 33612 US**
Mailing Address: **C/O FOWLER WHITE GILLEN BOGGS 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/27/1988**
3a. Date of Last Report: **04/08/1994**
4. FEI Number: **59-2948116**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER
ATTN: RON HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GILL, ROBERT E.
STREET ADDRESS	455 S. 4TH AVE, SUITE 350
CITY-ST-ZIP	LOUISVILLE KY
TITLE	C
NAME	GILL, JEFFREY T.
STREET ADDRESS	455 S. 4TH AVE, SUITE 350
CITY-ST-ZIP	LOUISVILLE KY
TITLE	VI
NAME	DAVIS, RICHARD L.
STREET ADDRESS	455 S. 4TH AVE, SUITE 350
CITY-ST-ZIP	LOUISVILLE KY
TITLE	P
NAME	MCCORMICK, CARL P
STREET ADDRESS	10901 MALCOLM MCKINLEY DR
CITY-ST-ZIP	TAMPA FL
TITLE	VS
NAME	LITTLE, WILIE J.
STREET ADDRESS	10901 MALCOLM MCKINLEY DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	MARGALITH, AVIRAM
STREET ADDRESS	10901 MALCOLM MCKINLEY
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tynn, Gregory A.
3.3 STREET ADDRESS	10901 Malcolm McKinley Drive
3.4 CITY-ST-ZIP	Tampa, Florida
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	Schuman, Michael L.
5.4 CITY-ST-ZIP	10901 Malcolm McKinley Drive
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 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 in the attachment with an address.

SIGNATURE: Michael L. Schuman Michael L. Schuman April 25, 1995 (813)972-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Full)

K53725

**GROUP TECHNOLOGIES CORPORATION
1995 CORPORATION ANNUAL REPORT
CONTINUATION SHEET**

Block 13 (continued)

Additional Officers and Directors

7.1 Title V
7.2 Name Calderon, Jack
7.3 Street Address 10901 Malcolm McKinley Drive
7.4 City, State, Zip Tampa, FL 33612

8.1 Title V
8.2 Name Harris, J. Hardie
8.3 Street Address 10901 Malcolm McKinley Drive
8.4 City, State, Zip Tampa, FL 33612

9.1 Title D
9.2 Name Frigon, Henry F.
9.3 Street Address One Ward Parkway
9.4 City, State, Zip Kansas City, MO 64112

10.1 Title D
10.2 Name Petersen, Sidney R.
10.3 Street Address 1109 Emerald Bay
10.4 City, State, Zip Laguna Beach, CA 92651