


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

Py 1/22

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # K53725 (3)

1. Corporation Name
GROUP TECHNOLOGIES CORPORATION



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
--	---

3. Date Incorporated or Qualified 12/27/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2948116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, ROBERT E.	
STREET ADDRESS	455 S. 4TH AVE, SUITE 350	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GILL, JEFFREY T.	
STREET ADDRESS	455 S. 4TH AVE, SUITE 350	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TYMN, GREGORY A	
STREET ADDRESS	10901 MALCOLM MCKINLEY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, CARL P	
STREET ADDRESS	10901 MALCOLM MCKINLEY DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHUMAN, MICHAEL L.	
STREET ADDRESS	10901 MALCOLM MCKINLEY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
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	JOHNSON, DAVID. D
3.3 STREET ADDRESS	10901 MALCOLM MCKINLEY DRIVE
3.4 CITY-ST-ZIP	TAMPA, FL 33612
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 attachment with an address.

SIGNATURE: *Michael L. Schuman* Michael L. Schuman April 22, 1996 (813) 972-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

pg 2 of 2

GROUP TECHNOLOGIES CORPORATION
1996 CORPORATION ANNUAL REPORT
CONTINUATION SHEET

Block 13 (continued) Additional Officers and Directors

7.1 Title	<u>V</u>	
7.2 Name	Calderon, Jack	<input checked="" type="checkbox"/> Change
7.3 Street Address	10901 Malcolm McKinley Drive	Davis, Richard L.
7.4 City, State, Zip	Tampa, FL 33612	10901 Malcolm McKinley Drive 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	
11.1 Title	V	<input checked="" type="checkbox"/> Addition
11.2 Name	Allen, Anthony C.	
11.3 Street Address	10901 Malcolm McKinley Drive	
11.4 City, State, Zip	Tampa, FL 33612	
12.1 Title	D	<input checked="" type="checkbox"/> Addition
12.2 Name	Roger W. Johnson	
12.3 Street Address	2 Rockledge Road	
12.4 City, State, Zip	Laguna Beach, CA 92651	