

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

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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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2948116

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER
ATTN: RON HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GILL, ROBERT E.
STREET ADDRESS 455 S. 4TH AVE, SUITE 350
CITY-ST-ZIP LOUISVILLE KY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME GILL, JEFFREY T.
STREET ADDRESS 455 S. 4TH AVE, SUITE 350
CITY-ST-ZIP LOUISVILLE KY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME ~~TYM, GREGORY A~~
STREET ADDRESS ~~10901 MALCOLM MCKINLEY DRIVE~~
CITY-ST-ZIP ~~TAMPA FL~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME MCCORMICK, CARL P
STREET ADDRESS 10901 MALCOLM MCKINLEY DR
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME SCHUMAN, MICHAEL L.
STREET ADDRESS 10901 MALCOLM MCKINLEY DRIVE
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MARGALITH, AVIRAM
STREET ADDRESS 10901 MALCOLM MCKINLEY
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ 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)

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**GROUP TECHNOLOGIES CORPORATION
1996 CORPORATION ANNUAL REPORT
CONTINUATION SHEET**

Block 13 (continued)

Additional Officers and Directors

7.1 Title	<u>V</u>	<input checked="" type="checkbox"/> Change
7.2 Name	Calderon, Jack	Davis, Richard L.
7.3 Street Address	10901 Malcolm McKinley Drive	10901 Malcolm McKinley Drive
7.4 City, State, Zip	Tampa, FL 33612	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	