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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L28892

(2)

M-TECH SOUTH, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

96 JAN 22 PH 1: 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA



RT 3 BOX 825B FT MCCOY FL 32134		RT 3 BOX 825B FT MCCOY FL 32134			
				3. Date Incorporated or Qualified 11/07/1989	3a. Date of Last Report 01/26/1995
2. Principal Place of Business 2a. Mailing Address 26 P.O. Box		28. Mailing Address 26 P.O. Box 4	68	4. FEI Number	Applied For
Shite, Apt. #, etc		Suite, Apt #, etc.	φυ	59-2987084	Not Applicable
F · 1		27		5. Certificate of Status Desired	\$5.75 Additional Fee Required
City & State		28 KOORICK	F1.	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιμ. [24]	Country 25	29 3 2686	so Marion	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199,032, X
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
STUMP CLARA ANN 11990 E. HWY 316			82 Street Addr	et Address (P.O. Box Number is Not Acceptable)	
FT. MCCOY FL 32134			83		
			94		
			84 City		FL 85 Zip Code
1 OC TOURS OF A	at adout in the State of Flor	ida. Such change was suthcezed	the above named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office
familiar with	n, and accept the objigations of, Sec	tion 607.0505, Horida Statutes.	100.	1 P. I	
SIGNATURE ζ	JuffORd K. IV JUNE		K. Maysard	les.	1-15-96
12.		ID DIRECTORS	Ragistered Agent # unature require 13.	of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE TEDS AND DIDECTORS IN 12
THE	P	☐ DELETE	1 1 THTLE	ADDITIONS OF MINGLES TO OFFI	Change Addition
NAME:	MAYNARD, CLIFFORD R.		1.2 NAME		
STAGET ADDRESS	RT 3 BOX 825B		1 3 STREET ADDRESS		
CITY -ST - 719	FT MCCOY FL		1.4 C(TY+ST+ZIP		
liith	V CTUMB OLEDIC	[] DEFELE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	STUMP CLEDIS 11990 NE HWY 316		2 2 NAME		
CITY ST-ZIF	FT MCCOY FL		2 3 STREET ADDRESS		;
THILF	ST	[] DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		Change Addition
NAM:	STUMP, CLARA A		3.2 NAME	32 NAME 40000170753	
STREET ADDRESS	11990 N.E. HWY 316		3.3 STREET ADDRESS	-02/06/	79601062005
Oth - St - Zift	FT. MCCOY FL		3.4.0(TY+ST-Z(P	****2(30.80 ****280.80
7111.6		[] DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME CONTRACTOR			4.2 NAME		
STREET ALGEBSS			4.3 STREET ADDRESS		
City-SE-Zie Title		[] DELETE	4 4 CITY-SI-ZIP 5 1 TITLE		Change Addition
NAM:			5 2 NAME		Thomaside TT Modulou
STREET ADDRESS			5 3 STREET ADORESS		
CITY - ST - 717			5.4 CITY - ST - ZIP		1
Ti'tt		[] DELETE	6 1 TITLE		Change 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		این
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnish	6 4 CITY-ST-ZIP	or the exemption stated in Section 119.0	Y/QVIA Florido Potrado La caba

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 suppliemental 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 this 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: Clifford R. Malward, Childred K. Maynard, Thes. 1-15-96 (904) 236-1120