

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L28892** (2)
1. Corporation Name
M-TECH SOUTH, INC.

Principal Place of Business

~~RT 3 BOX 825B~~
~~FT MCCOY FL 32134~~
US

Mailing Address

11990 NE HWY 316
FT MCCOY FL 32134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1989

4. FEI Number

59-2987084

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 11990 NE HWY 316 ← SAME

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 11990 NE HWY 316 ← SAME

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

STUMP CLARA ANN
11990 E. HWY 316
FT. MCCOY FL 32134

10. Name and Address of New Registered Agent

81 Name Clifford R. MAYNARD
82 Street Address (P.O. Box Number Is Not Acceptable)
14950 NW GAINESVILLE Rd.
83 Reddick
84 City
85 Zip Code FL 32686

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
Clifford R. Maynard President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-98

12. OFFICERS AND DIRECTORS

TITLE P
NAME MAYNARD, CLIFFORD R.
STREET ADDRESS RT 3 BOX 825B
CITY-ST-ZIP FT MCCOY FL

TITLE V
NAME STUMP CLEDIS
STREET ADDRESS 11990 NE HWY 316
CITY-ST-ZIP FT MCCOY FL

TITLE ST
NAME STUMP, CLARA A
STREET ADDRESS 11990 N.E. HWY 316
CITY-ST-ZIP FT. MCCOY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Clifford R. Maynard 1-7-98

CR2E034 (10/97)