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

PROFIT CORPORATION ANNUAL REPORT 1999	[seal] GREAT SEAL OF THE STATE OF FLORIDA	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	

DOCUMENT # L28892

1. Corporation Name

M-TECH SOUTH, INC.

Principal Place of Business	Mailing Address
11990 NE HWY 316 FT MCCOY FL 32134 US	11990 NE HWY 316 FT MCCOY FL 32134 US

[barcode]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/07/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2987084**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
CLIFFORD, MAYNARD R 14950 NW GAINESVILLE RD REDDICK FL 32686	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 **P**	☐ DELETE	1.1 TITLE	☑Change ☐ Addition
NAME **MAYNARD, CLIFFORD R.**		1.2 NAME	*P, mAyNARd clifford R,*
STREET ADDRESS **RT 3 BOX 825B**		1.3 STREET ADDRESS	*14950 N,W GAiNesville Rd*
CITY-ST-ZIP **FT MCCOY FL**		1.4 CITY-ST-ZIP	*P.o,Box 468 Reddick, Fl. 32686*
TITLE **V**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **STUMP CLEDIS**		2.2 NAME	
STREET ADDRESS **11990 NE HWY 316**		2.3 STREET ADDRESS	
CITY-ST-ZIP **FT MCCOY FL**		2.4 CITY-ST-ZIP	
TITLE **ST**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **STUMP, CLARA A**		3.2 NAME	
STREET ADDRESS **11990 N.E. HWY 316**		3.3 STREET ADDRESS	
CITY-ST-ZIP **FT. MCCOY FL**		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: *Clifford R. Maynard (P)ED*   *1-8-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #