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

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED
Feb 24, 1999 8:00 am
Secretary of State**
02-24-1999 90151 026 ***158.75

## DOCUMENT # L75954

1. Corporation Name

**TECHNICIANS UNLIMITED, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % DAVID Z. MCDONALD<br>312 CANAL ST.<br>NEW SMYRNA BEACH FL 32168 | % DAVID Z. MCDONALD<br>312 CANAL ST.<br>NEW SMYRNA BEACH FL 32168 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**05/29/1990**

| | 2. Principal Place of Business | | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|---|---|
| 21 | 2230 Hibiscus Drive, A | 26 | 2230 Hibiscus Drive | 59-3044909 | Not Applicable |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 5. Certifcate of Status Desired ☑ | **$8.75** Additional Fee Required |
| 22 | A | 27 | A | | |
| | City & State | | City & State | 6. Election Campaign Financing ☐ Trust Fund Contribution | **$5.00** May Be Added to Fees. |
| 23 | Edgewater FL | 28 | Edgewater FL | | |
| | Zip | Country | Zip Country | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No | |
| 24 | 32141-4702 | 25 USA | 29 32141-4702 30 USA | | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MCDONALD, DAVID Z.<br>312 CANAL ST.<br>NEW SMYRNA BEACH FL 31268 | 81 Name: McDonald, David Z.<br>82 Street Address (P.O. Box Number is Not Acceptable): 2230 Hibiscus Drive<br>83 Suite A<br>84 City: Edgewater  FL  85 Zip Code: 32141 |

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 **David Z. McDonald** / Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1-13-99**

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| TITLE P<br>NAME MCDONALD, DAVID Z<br>STREET ADDRESS 312 CANAL ST.<br>CITY-ST-ZIP NEW SMYRNA BEACH FL | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>2230 Hibiscus Drive, Suite A<br>Edgewater, FL 32141-4702 |
| TITLE V<br>NAME MCDONALD, KEVIN A<br>STREET ADDRESS 312 CANAL ST<br>CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>2230 Hibiscus Drive, Suite A<br>Edgewater, FL 32141-4702 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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: _____ REQUIR David Z. McDonald, President    1-13-99    904/423-0652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

CR2E034 (11/98)