FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:51

DOCUMENT # **L98143** **(5)**

1. Corporation Name
JTEC WEST, INC.

Principal Place of Business	Mailing Address
~~2533 MANIKI DRIVE~~ 2534 Maniki Dr.	~~2533 MANIKI DRIVE~~
WEST PALM BEACH FL 33407-1313	~~WEST PALM BEACH FL 33407-1313~~
	P.O. Box 776435
	Steamboat Springs, Co. 80477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0215832	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	

21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AKERS, JODY GRIER
~~2533 MANIKI DRIVE~~ 2534 Maniki Drive
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mail/ship

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	AKERS, JODY GRIER	12 NAME	
STREET ADDRESS	2533 MANIKI DR.	13 STREET ADDRESS	2534 Maniki Drive
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LOGAN, CAROLYN	22 NAME	
STREET ADDRESS	441 FLOTILLA RD	23 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	STUART, ELAINE	32 NAME	
STREET ADDRESS	456 CYPRESS LAKES CT	33 STREET ADDRESS	4434 Fallbrook Blvd.
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	Palm Harbor, Fl. 34685
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	GRIER, THOMAS A.	42 NAME	
STREET ADDRESS	P.O. BOX 642 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Jody Grier Akers 2/15/95 303-879-1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #