

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90010 028 ***150.00

DOCUMENT # P93000007459

1. Corporation Name

J & H TECHNICAL SERVICES, INC.



Principal Place of Business

P.O. BOX 10095
COCOA FL 32923
US

Mailing Address

3001 AEROSPACE PKWY
BROOK PARK OH 44142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1993

4. FEI Number

59-3168690

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 the current year Intangible
Personal Property Tax. N/A -0- ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 10156

Suite, Apt. #, etc.

22

City & State

23

Zip

24 32927

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NOWAK, DAVID E
5095 S. WASHINGTON AVE., #103
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6770 SOUTH U.S. HIGHWAY 1

83 SUITE 1

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

TITLE PSD ☐ DELETE

NAME PATTERSON, ALEXANDER G

STREET ADDRESS P.O. BOX 10095 NA

CITY-ST-ZIP COCOA FL 32923

TITLE VTD ☐ DELETE

NAME KODGER, LESE A

STREET ADDRESS P O BOX 10095 N/A

CITY-ST-ZIP COCOA FL 32923

TITLE D ☐ DELETE

NAME GOOCH, LAWRENCE L

STREET ADDRESS P O BOX 10095 N/A

CITY-ST-ZIP COCOA FL 32923

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS P.O. Box 10156

1.4 CITY-ST-ZIP COCOA, FL 32927

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS P.O. Box 10156

2.4 CITY-ST-ZIP COCOA, FL 32927

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS P.O. Box 10156

3.4 CITY-ST-ZIP COCOA, FL 32927

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)