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

APPROVED AND FILED
95 MAY -1 PM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013751 (1)

1. Corporation Name

F L TECHNICAL SERVICE, INC.

Principal Place of Business	Mailing Address
217 ALTAMONTE COMM. BLVD. 1226 ALTAMONTE SPRINGS FL 32714 US	217 ALTAMONTE COMM. BLVD. 1226 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2688660 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 375 Commerce Way	26 375 Commerce
Suite, Apt. #, etc. 22 105	Suite, Apt. #, etc. 27 105
City & State 23 Longwood, FL	City & State 28 Longwood FL
Zip 24 32750 / Country 25 USA	Zip 29 32750 / Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONIGLIO, CURT 217 ALTAMONTE BLVD. BLDG. 226 ALTAMONTE SPRINGS FL 32714	81 Name: Coniglio, Curt 82 Street Address (P.O. Box Number is Not Acceptable): 375 Commerce Way 83 UNIT 105 84 City: Longwood FL 85 Zip Code: 32750

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	CONIGLIO, CURT	12 NAME	Coniglio, Curt
STREET ADDRESS	217 ALTAMONTE BLVD., BLDG. 226	13 STREET ADDRESS	375 commerce way
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY, ST, ZIP	Longwood, FL 32750
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		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)(k), 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: Curt Coniglio Curt Coniglio 4/28/95 (407) 834-1221

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

041984 FP