

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000040551 (2)

1. Corporation Name

GROTEFEND TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~2522 ALBION AVE~~
~~ORLANDO FL 32803~~
US

~~2522 ALBION AVE~~
~~ORLANDO FL 32803~~
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

03/24/1994

4. FEI Number

59-3192784

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 1018 Warner Road

26 1018 Warner Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Green Cove Springs, FL

28 Green Cove Springs, FL

Zip

Zip

24 32043

29 32043

Country

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROTEFEND, DANIEL A

~~2522 ALBION AVE~~
~~ORLANDO FL 32803~~

81 Name

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

1018 Warner Road

83

84 City

Green Cove Springs

FL

85 Zip Code

32043

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: Type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

GROTEFEND, DANIEL A

STREET ADDRESS

~~2522 ALBION AVE~~

CITY - ST - ZIP

~~ORLANDO FL~~

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1018 Warner Road

Green Cove Springs, FL 32043

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

Daniel A. Grotefend
Daniel A. Grotefend

Apr 8, 1995 (96) 284-5781