

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
REVENUE DIVISION
CORPORATION
JACKSONVILLE, FLORIDA 32202

APPROVED
AND
FILED

MAY 10 1996

DOCUMENT # P94000006795 (6)

TECH MASTER OF NORTHEAST FLORIDA, INC.

STATE OF FLORIDA
JACKSONVILLE, FLORIDA

Principal Office Address

339 E UNION ST
JACKSONVILLE FL 32202

Mailing Address

339 E UNION ST
JACKSONVILLE FL 32202

(ENTER DATE IN THIS SPACE)

3. Date of Next Report Due

01/17/1996

3a. Date of Last Report

4. Filing Number

59-3220100

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. Does corporation have any outstanding judgments or liens?
County Submitter: ☐ Yes ☒ No

2. Principal Office Address

21. State of Florida

2a. Mailing Address

27. State of Florida

22. City, State

28. City, State

23. City, State

29. City, State

24. City, State

25. City, State

29. City, State

30. City, State

9. Name and Address of Current Registered Agent

REDWINE, STEVEN M
339 E UNION ST
JACKSONVILLE FL 32202

81. Name

82. Street Address of New Registered Agent

83. City, State

84. City, State

FL

85. Zip Code

11. I, the undersigned, certify that the information supplied with this filing is correct and true to the best of my knowledge and belief, and that the same is not false or misleading in any material particular. I understand that any false or misleading information supplied with this filing is a violation of the provisions of Chapter 218, Florida Statutes, and may be subject to criminal and civil penalties.

SUBMITTER

12. OFFICER OR AGENT

D
REDWINE, STEVEN M
339 E UNION ST
JACKSONVILLE FL 32202

13. ADDITIONAL CHANGES TO REPORT

☐ Change ☐ Addition

NAME

ADDRESS

CITY, STATE

NAME

ADDRESS

CITY, STATE

NAME

ADDRESS

CITY, STATE

NAME

ADDRESS

CITY, STATE

NAME

ADDRESS

CITY, STATE

NAME

ADDRESS

CITY, STATE

NAME

ADDRESS

CITY, STATE

SIGNATURE:

Steven M. Redwine
SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-28-95 904 356 8442