

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017325 (9)

1. Corporation Name

PRO-TECH RESTAURANT EQUIPMENT SERVICES, INC.



Principal Place of Business

4404 GILPIN WAY
ORLANDO FL 32812
US

Mailing Address

P.O. BOX 11216
ORLANDO FL 32803
US

2. Principal Place of Business

21 4404 Gilpin Way

Suite, Apt. #, etc.

22 City & State

23

24 Zip

25 Country

2a. Mailing Address

26 P. O. Box 11216

Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

07/20/1995

4. FEI Number

59-2085151

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~WILLIAM X WILKIN X~~
~~2005 EAST PINE STREET~~
~~ORLANDO FL 32803~~

10. Name and Address of New Registered Agent

81 Name

David Eaton

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

4404 Gilpin Way

83

84 City

Orlando

FL

85 Zip Code
32812

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]
Signature of person named as registered agent (if not the filer, applicable)

[Signature]
Signature of Registered Agent (signature required when required)

5/15/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

PD
~~WILLIAM X WILKIN X~~
~~2005 EAST PINE STREET~~
~~ORLANDO FL 32803~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
EATON, DAVID
4404 GILPIN WAY
ORLANDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE 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

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 registered 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, on an attachment with an address.

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96

407-894-1118

Daytime Phone #

CR2E034 (12/95)