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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000020225 (6)

1. Corporation Name  
TECHNICAL DESIGN SOLUTIONS, INC.



Principal Place of Business

2055 KIRBY AVE., N.E.  
SUITE 4  
PALM BAY FL 32905  
US

Mailing Address

2055 KIRBY AVE., N.E.  
SUITE 4  
PALM BAY FL 32905-0400  
US

3. Date Incorporated or Qualified  
03/10/1994

3a. Date of Last Report  
05/24/1996

2. Principal Place of Business

21 2120 VALLY RD.  
Suite, Apt. #, etc.

22 City & State

23 MALABAR FL  
Zip Country

24 32950 25 U.S.

2a. Mailing Address

26 2120 VALLY RD.  
Suite, Apt. #, etc.

27 City & State

28 MALABAR FL  
Zip Country

29 32950 30 U.S.

4. FEI Number

59-0230546

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

9. Name and Address of Current Registered Agent

FERENCE, JEFFREY W  
2120 VALLY RD  
MALABAR FL 32950

10. Name and Address of New Registered Agent

81 Name

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

83

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 D  
NAME FERENCE, JEFFREY W  
STREET ADDRESS 2120 VALLY RD.  
CITY-ST-ZIP MALABAR FL ☐ DELETE

TITLE D  
NAME DAVID, JOHN  
STREET ADDRESS 2100 VALLY RD.  
CITY-ST-ZIP MALABAR FL ☒ DELETE

TITLE D  
NAME MILLER, THOMAS I  
STREET ADDRESS 3301 MEADOW RIDGE DR  
CITY-ST-ZIP MELBOURNE FL ☒ DELETE  
Do not delete

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  
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 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.

SIGNATURE:

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

1/28/97

Date

407 725-2918

Daytime Phone #

0100004

CR2E034 (9/96)