

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MARIANNA, FLORIDA
MAY 11 1995

DOCUMENT # **P94000033959 (5)**

1. Corporation Name
MISSION TECHNOLOGIES INC.

Principal Place of Business Mailing Address
1348 SLEEPY HOLLOW DRIVE MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/05/1994** 3a. Date of Last Report

4. FEI Number **59-3246987** 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. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 **32448** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSON, DENNIS C
1348 SLEEPY HOLLOW DRIVE
MARIANNA FL 32446**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of registrant

(P.O.) Registered Agent signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY ST ZIP
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1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **DENNIS C. OLSON**
1.3 STREET ADDRESS **1348 SLEEPY HOLLOW DR**
1.4 CITY ST ZIP **MARIANNA FL 32448**
2.1 TITLE **SECY TREAS** Change Addition
2.2 NAME **TRUDIE O. OLSON**
2.3 STREET ADDRESS **1348 SLEEPY HOLLOW DR**
2.4 CITY ST ZIP **MARIANNA FL 32448**
3.1 TITLE **VICE PRES** Change Addition
3.2 NAME **FLOY R. KAY**
3.3 STREET ADDRESS **1343 SLEEPY HOLLOW DR**
3.4 CITY ST ZIP **MARIANNA FL 32448**
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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, with an attachment with an address.

SIGNATURE: *Dennis Olson* **PRESIDENT DENNIS C. OLSON** **530.95** **94-5A-4611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/STATE