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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042465 (2)

1. Corporation Name

GROUP TECHNOLOGIES MEXICAN HOLDING COMPANY

Principal Place of Business

**10901 Malcolm McKinley Drive
Tampa, Florida 33612**

Mailing Address

**10901 Malcolm McKinley Drive
Tampa, Florida 33612**

3. Date Incorporated or Qualified
06/07/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-3247297

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

**FOWLER, WHITE, GILLEN, BOGGS, VILLEREAL, BANKER
ATTN: ~~ALAN HIGBEE~~
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602**

10. Name and Address of New Registered Agent

81 Name **Same as shown**

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

ATTN: DAVID C. SHOBE

83 **Same as shown**

84 City **Same as shown**

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

3/13/97

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **HGGORHIGK, GARL-P-**
STREET ADDRESS **10901-MALCOLM-MCKINLEY-DRIVE-**
CITY-ST-ZIP **TAMPA, FL-33612-**

TITLE **V** ☐ DELETE
NAME **JOHNSON, DAVID D**
STREET ADDRESS **10901 MALCOLM MCKINLEY DRIVE**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☒ Change ☐ Addition
12 NAME **JEFFREY T. GILL**
13 STREET ADDRESS **455 S. 4th Ave.; Suite 350**
14 CITY-ST-ZIP **Louisville, KY 40202**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 or on the statement with an address.

SIGNATURE:



David D. Johnson, Vice-President

3/12/97

CR2E034 (9/96)