

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000058088 (3)**

1. Corporation Name

TECHNOLOGY EXPRESS ADVANCED MANUFACTURING, INC.



Principal Place of Business

**325 S. GARDEN AVE.
CLEARWATER FL 34616**

Mailing Address

**325 S. GARDEN AVE.
CLEARWATER FL 34616**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

59-3271566

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

**SHIELDS, HARRY L
325 S. GARDEN AVE.
CLEARWATER FL 34616**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SHIELDS, HARRY L**
STREET ADDRESS **325 S. GARDEN AVE.**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **D** ☐ DELETE
NAME **SHIELDS, LARRY R**
STREET ADDRESS **#7 CIRCLE DT.**
CITY-ST-ZIP **MT. VERNON IL 62864**

TITLE **DT** ☐ DELETE
NAME **SHIELDS, DORIS**
STREET ADDRESS **7 CIRCLE DR.**
CITY-ST-ZIP **MT. VERNON IL**

TITLE **DS** ☐ DELETE
NAME **SHIELDS, SHERRY**
STREET ADDRESS **325 S. GARDEN AVE.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **LAWSON, RANDY**
STREET ADDRESS **325 S. GARDEN AVE.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **HAERER, JANIS**
STREET ADDRESS **325 S. GARDEN, AVE.**
CITY-ST-ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President ☐ Change ☒ Addition
Harry L. Shields

Vice President ☐ Change ☒ Addition
Larry R. Shields

Director ☐ Change ☒ Addition
James L. Crenshaw
851 S. Bayway Blvd., Unit Y607
Clearwater, FL 34630

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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: *Sherry A. Shields* **Sherry A. Shields** 3/14/96 (813) 447-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)