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FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

59-3271566

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4707 140th Ave. North

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Clearwater, FL

Zip

24 33762

Country

25 USA

2a. Mailing Address

26 4707 140th Ave. North

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Clearwater, FL

Zip

29 33762

Country

30 USA

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)

4707 140th Avenue North

83 Suite 210

84 City

Clearwater

FL

85 Zip Code
33762

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
SHIELDS, HARRY L
325 S. GARDEN AVE.
CLEARWATER FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP
SHIELDS, LARRY R
#7 CIRCLE DR.
MT. VERNON IL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DT
SHIELDS, DORIS
7 CIRCLE DR.
MT. VERNON IL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DS
SHIELDS, SHERRY
325 S. GARDEN AVE.
CLEARWATER FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
HAERER, JANIS
325 S. GARDEN AVE.
CLEARWATER FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P ☒ Change ☒ Addition

12 NAME

13 STREET ADDRESS 4707 140th Ave. North, Ste. 210

14 CITY-ST-ZIP

Clearwater, FL 33762

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

#7 Circle Drive

62864

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

62864

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

4707 140th Ave. North, Ste. 210
Clearwater, FL 33762

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

4707 140th Ave. North, Ste. 210
Clearwater, FL 33762

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0309973

CR2E034 (10/97)