SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 21 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000063652 (9)

1. Corporation Name
BREITHAUPT TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
614 ORANGE ST ALTAMONTE SPRINGS FL 32701	614 ORANGE ST ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 630 Newburyport Ave
22: Suite, Apt. #, etc.
23: City & State: Altamonte Spgs.
24: Zip: 32701
25: County: Seminole

2a. Mailing Address
26: 630 Newburyport Ave
27: Suite, Apt. #, etc.
28: City & State: FL 32701
29: Zip:
30: Country: USA

4. FEI Number: 59-3261625 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

5. The corporation has [illegible] for [illegible] under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BREITHAUPT, MARK
614 ORANGE ST
ALTAMONTE SPRINGS FL 32701

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 [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	BREITHAUPT, MARK	12 NAME	
STREET ADDRESS	614 ORANGE ST	13 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32701	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Mark Breithaupt 6-19-95 407-767-2010
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Telephone Number)

0130702 FP

PAY-6362

Mail this card to all people, businesses and publications who send you mail. For publications, tape an old address label over name and old address sections and complete new address. **COMPLETE ADDRESS PORTION ON FRONT OF FORM with Name, Street Address, City, State and ZIP Code of individual or business to whom you are relaying this card.**

Your Name	Print or Type—Last Name, First Name, Middle Initial Brenthaupt Technical Serv. Inc				
Old Address	No. and Street 614 Orange st.	Apt./Suite No	P.O. Box	R.D. No.	Rural Box No
	City and State Altamonte Spgs. Fl.	ZIP + 4 Code 32701 -			
New Address	No. and Street 630 Newburyport Ave	Apt./Suite No	P.O. Box	R.D. No.	Rural Box No
	City and State Altamonte Spgs. Fl.	ZIP + 4 Code 32701 -			
Sign Here	Signature Mark Brenthaupt	Date new address in effect 6-1-95		Keyline No. (if any)	

PS FORM 3576, 11/92

RECEIVER: Be sure to record the above new address in your address book at home or office.