

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90079 014 ***150.00

DOCUMENT # P94000066260

1. Corporation Name

RODRIGUEZ TECHNICAL SERVICES, INC.



Principal Place of Business

12935 N OREGON AVE
TAMPA FL 33612
US

Mailing Address

12935 N OREGON AVE
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

59-3278211

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12421 N. Florida Ave

Suite, Apt. #, etc.

22 Suite D203

City & State

23 Tampa FL

Zip

24 33612 25 USA

2a. Mailing Address

26 12421 N. Florida Ave

Suite, Apt. #, etc.

27 Suite D203

City & State

28 Tampa FL

Zip

29 33612 30 USA

9. Name and Address of Current Registered Agent

RODRIGUEZ, CHARLES
12935 N OREGON AVE
TAMPA FL 33612

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

Charles Rodriguez
Signature, typed or printed name of registered agent and title if applicable.

CHARLES RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME RODRIGUEZ, DIANE K
STREET ADDRESS 1002 BALLINGER DRIVE
CITY-ST-ZIP LUTZ FL ☒ DELETE

TITLE P
NAME RODRIGUEZ, CHARLES F
STREET ADDRESS 12935 N OREGON AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE ST
NAME RODRIGUEZ, ANTHONY R
STREET ADDRESS 1002 BALLINGER DRIVE
CITY-ST-ZIP LUTZ FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Rodriguez, Charles F
2.3 STREET ADDRESS 12421 N. Florida Ave. Suite D203
2.4 CITY-ST-ZIP Tampa FL 33612

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Charles Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

(813) 935-8361 EXT-221
Daytime Phone #

CR2E034 (11/98)