

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
1000 N. GULF BLVD., SUITE 1000, TALLAHASSEE, FL 32304

APPROVED
AND
FILED

95 APR -7 AM 5:13

DOCUMENT # P94000067301 (9)

1. Corporation Name

KNUDSEN TECHNICAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1666 S LAKE AVE APT 1
CLEARWATER FL 34616

Mailing Address

1666 S LAKE AVE APT 1
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

3a. Date of Last Report

09/05/1994

4. FEI Number

59-3269591

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

2. Principal Place of Business

2a. Mailing Address

21

26

Street Address

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNUDSEN, KARL J
1666 S LAKE AVE APT 1
CLEARWATER FL 34616

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a resident of Florida, the signature of the agent must be accompanied by a power of attorney from the agent to the registered agent in Florida.)

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12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY & STATE

12.9 ZIP

12.10 TITLE

12.11 NAME

12.12 STREET ADDRESS

12.13 CITY & STATE

12.14 ZIP

12.15 TITLE

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY & STATE

12.19 ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY & STATE

12.24 ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY & STATE

12.29 ZIP

12.30 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY & STATE

13.5 ZIP

13.6 TITLE

13.7 NAME

13.8 STREET ADDRESS

13.9 CITY & STATE

13.10 ZIP

13.11 TITLE

13.12 NAME

13.13 STREET ADDRESS

13.14 CITY & STATE

13.15 ZIP

13.16 TITLE

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY & STATE

13.20 ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY & STATE

13.25 ZIP

13.26 TITLE

13.27 NAME

13.28 STREET ADDRESS

13.29 CITY & STATE

13.30 ZIP

14. I, the undersigned, do hereby certify that the information supplied with this filing is truthfully furnished and that, not only for the incorporation stated in law but also Florida Statutes, I further certify that the information is accurate for the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of this corporation, or the manager or shareholder, or owner of the corporation, or the person who caused the report as reported by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this filing, or as an officer, partner, or owner of the corporation.

SIGNATURE:

KARL J. KNUDSEN
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

29 MARCH 1995 (813)
582-9303