

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000068949 (4)**

1. Corporation Name

**VACUUM TECHNICAL SERVICES INC.**



Principal Place of Business

**443 WEST VINE STREET  
KISSIMMEE FL 34741**

Mailing Address

**P.O. BOX 450847  
KISSIMMEE FL 34745  
US**

3. Date Incorporated or Qualified  
**09/16/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **1633 E. VINE ST**

Suite, Apt. #, etc.

22 **SUITE 208**

City & State

24 **34744**

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

**59-3267785**

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. 193.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HAYES, ROBERT S  
441 WEST VINE STREET  
KISSIMMEE FL 34741**

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 date, if applicable

(NOTE: Registered Agent signatures require a valid notary)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PSD  
HANKS, BERNARD F**  
STREET ADDRESS **443 WEST VINE STREET**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **1633 E. VINE STREET, SUITE 208**  
1.4 CITY-ST-ZIP **KISSIMMEE, FL 34744**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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:

*B. Hanks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Hanks

4/23/96

407-935-9668

DATE OF FILING

CR2E034 (12/95)