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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000010709 (0)

DRAFT TECH, INC.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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	2107 EDGEWOOD DRIVE LAKELAND FL 33803	2107 EDGEWOOD DRIVE LAKELAND FL 33803
-	Principal Place of Business	Mailing Address

DELETE

DELETE

DELETE

DELETE

## **FILED** May 07 1997 8:00am Secretary of State

Principal Place 2107 EDGEWOO LAKELAND FL	OD DRIVE		Mailing Address 2107 EDGEWOOD DRIVE LAKELAND FL 33803						
·						3. Date Incorporated or Qualified 02/08/1995	3a. Date of Las 05/01/1996	•	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
a a		26	Suite, Apt. #, etc.			59-3295565	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #,				5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	\$8.75 Additional Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing	00 May Be		
23		28				Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Yes No		
	9. Name and Address of Cure	rent Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent		
LAKELAND FL 33803					82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84	City		FL 85 Z	ip Code	
óffice or i	registered agent, or both in the Standard and familiar out at the Standard and the Standard	ate of Elorida. 96th chan 100 ha i Goilen 807.	ge was author 0505, Florida (	ized by Statute:	the corpora s.	ooration submits this statement for the p tion's board of directors. I hereby accop	of the appointment	g its registered as registered	
40		agent and fills if applicable			ent signature requi	rod when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE TERS AND DIRECT	ORS IN 12	
12.	OFFICERS AND DIRECTORS		·	13.		ADDITIONS/OFFANGES TO OFFIC	Chang		
	DPST			.2 NAMÉ				,,	
NAME	MEACHAM, ROBERT O 2107 EDGEWOOD DR.				ADDRESS				
STREET ADDRESS	1								
CITY-ST-ZIP TITLE	OTY-ST-ZIP LAKELAND FL 33803			1.4 CITY - ST - ZIP 2 1 TILLE			Chang	oe 🔲 Addition	
		pr		2 NAME			Chang	,	
NAME									
SECURITARIAN SECUR	I		1 2	23 STREET	ADDRESS				

CITY-ST-ZIP 14. I do 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in Block 12 or Block 13 if phantage, in or an execute this report as required by Chapter 607, Florida Statutes; and that my mame

2 4 CITY-ST-ZIP

3.3 STREET ADDRESS 34. CITY-ST-ZIP

4.3 STREFT ADDRESS

4.4 CITY-ST-ZIP

5 4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

31 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 T(TLE

6.2 NAME

CIGNATURE

941-661-0643

Addition

Addition

Addition

☐ Addition

Change

Change

Change

Change