FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000012235 (4)

1. Corporation Name
A.C.T.C. ENTERPRISES, INC.

Principal Place of Business
6006 SANTA MONICA DRIVE
TAMPA FL 33615

Mailing Address
6006 SANTA MONICA DRIVE
TAMPA FL 33615

3. Date Incorporated or Qualified: 02/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 260356
Suite, Apt. #, etc
27
City & State 28 TAMPA, FL
Zip 29 33685-0356 Country 30

4. FEI Number: 59-3296402 ☐ 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

9. Name and Address of Current Registered Agent

SAME AGENT

BOUTZOUKAS, MICHAEL E ESQ.
[redacted]
704 WEST BAY ST
TAMPA, FL 33606

10. Name and Address of New Registered Agent

81 Name: BOUTZOUKAS, MICHAEL E ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 704 WEST BAY ST
83 TAMPA FL 33606
84 City: Tampa FL **FL** 85 Zip Code: 33606

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: NO SIGNATURE REQUIRED - AGENT RETAINED
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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 P	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	TIMOTHY J. CITEK	
1.3 STREET ADDRESS	6006 SANTA MONICA DR	
1.4 CITY-ST-ZIP	TAMPA FL 33615	
2.1 TITLE V	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	ANDREW H. CITEK	
2.3 STREET ADDRESS	8572 109th ST. North	
2.4 CITY-ST-ZIP	Seminole FL 34642	
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	800001715GEE -02/20/96--01120--008 ***200.00	
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	2.20	
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: Timothy J Citek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-25-96 Daytime Phone #: 813-885-4008

CR2E034 (12/95)