

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015886 (1)

1. Corporation Name

HI-TECH REDNECK, INC.



Principal Place of Business

Mailing Address

265 S.W. PORT SAINT LUCIE BLVD.
SUITE 179
PORT ST. LUCIE FL 34984

265 S.W. PORT SAINT LUCIE BLVD.
SUITE 179
PORT ST. LUCIE FL 34984

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMARR, BARBARA J
1777 S. ANDREWS AVENUE
SUITE 203
FORT LAUDERDALE FL 33316

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 607.1503, 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

Russell E. Raynor

4/22/96

Signature of registered agent or officer or director of corporation

Date of signature (if different from date of filing, indicate date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RAYNOR, RUSSELL	
STREET ADDRESS	265 S.W. PORT SAINT LUCIE BLVD., #179	
CITY - ST - ZIP	PORT ST. LUCIE FL 34984	
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	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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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:

Russell E. Raynor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 300 028-0152

CR2E034 (12/95)