

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 # P95000038683 (5)

1. Corporation Name

TECHNOLOGY EXCHANGE, INC.



Principal Place of Business

5100 W. SILVER SPRINGS BLVD.
SUITE 700
OCALA FL 34482

Mailing Address

5100 W. SILVER SPRINGS BLVD.
SUITE 700
OCALA FL 34482

2. Principal Place of Business

21 4185 W. Hwy. 40

Suite, Apt. #, etc.

22 Suite G

City & State

23 Ocala, FL

Zip

24 34482

Country

25 USA

2a. Mailing Address

26 4185 W. Hwy. 40

Suite, Apt. #, etc.

27 Suite G

City & State

28 Ocala, FL

Zip

29 34482

Country

30 USA

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

4. FEI Number

59-3314807

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

MOSIEUR, MICHAEL H.
5100 W. SILVER SPRINGS BLVD.
SUITE 700
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name

MOSIEUR, MICHAEL H.

82 Street Address (P.O. Box Number is Not Acceptable)

4185 W. HWY 40

83

SUITE G.

84 City

OCALA

FL

85 Zip Code

34482

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]

MICHAEL H. MOSIEUR

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	President, Secretary, Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	Michael H. Mosieur			
1.3	4185 W. Hwy. 40, Ste. G			
1.4	Ocala, FL 34482			
2.1	Vice-President, Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	James P. Mosieur			
2.3	4185 W. Hwy. 40, Ste. G			
2.4	Ocala, FL 34482			
3.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2				
3.3				
3.4				
4.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2				
4.3				
4.4				
5.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2				
5.3				
5.4				
6.1				<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2				
6.3				
6.4				

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

904-402-0370

CR2E034 (12/95)