

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 # P95000051960 (9)

1. Corporation Name

FLORIDA LASER WORKS, INC.



Principal Place of Business

12820 DUPONT CIRCLE
TAMPA FL 33626

Mailing Address

12820 DUPONT CIRCLE
TAMPA FL 33626

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3322219

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

10. Name and Address of New Registered Agent

KUTCHINS, BRYAN A
169 STATE STREET WEST STE A
OLDSMAR FL 34677

81 Name

ROAN, GREGORY

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

12820 DUPONT CIRCLE

83

84 City

TAMPA

FL

85 Zip Code

33626

11. Pursuant to the provisions of Sections 607.0552 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]

(Print Name of Registered Agent) (Print Name of Registered Agent)

4-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

1. TITLE ☒ Change ☐ Addition

NAME ROAN, GREG
STREET ADDRESS 12820 DUPONT CIRCLE
CITY-ST-ZIP TAMPA FL 33626

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☒ Addition

NAME

T

STREET ADDRESS

PATRICIA D RENDLEMAN

CITY-ST-ZIP

12820 DUPONT CIRCLE

TITLE ☐ DELETE

6. CITY-ST-ZIP

TAMPA, FL 33626

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

7. CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

8. CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

9. CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

10. CITY-ST-ZIP

NAME

STREET ADDRESS

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:

[Signature]

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

DATE

813-855-8343

DATE

CR2E034 (12/95)