

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055516 (5)

1. Corporation Name

AUDIT TECH OF CENTRAL FLA, INC.



Principal Place of Business

Mailing Address

235 S MAITLAND AVE SUITE 214
MAITLAND FL 32751

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MAITLAND FL 32751

3. Date Incorporated or Qualified

07/18/1995 - 4/1/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 941329
27 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29 32794

30 SEMINOLE

4. FEI Number

59-330 5376

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

RAY, WILLIAM J
235 S MAITLAND AVE SUITE 214
MAITLAND FL 32751

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 607.1508, 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JAY, WILLIAM J
STREET ADDRESS 235 S MAITLAND AVE SUITE 214
CITY-ST-ZIP MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

P WILLIAM J. RAY
(ADDRESS SAME)

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change ☐ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change ☐ Addition ☐

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

WILLIAM J. RAY

6-5-96

407-647-5411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)