

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: \$675.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059028
1. Corporation Name

MITEC CORPORATION

Principal Place of Business

Mailing Address

4309 Salisbury Avenue
Jacksonville, FL 32216

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bateh, Raymond Z.
637 Park Street
Jacksonville, FL 32204

81 Name

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

83

84 City

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME GRAINGER, FARLEY J.
STREET ADDRESS 4309 SALISBURY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32216

1.1 TITLE DPT
1.2 NAME GRAINGER, FARLEY J.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME MOODY, RONALD
STREET ADDRESS 4309 SALISBURY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32216

2.1 TITLE DVS
2.2 NAME RONALD K. MOODY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME Richard E. Reed
STREET ADDRESS 4309 SALISBURY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32216

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME JERRY SHARPE
STREET ADDRESS 4309 SALISBURY AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32216

4.1 TITLE JERRY SHARPE
4.2 NAME X DELETE
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. J. GRAINGER 10-14-96 (904) 296-3000

AMENDED AR
\$61.25

FILED

96 OCT 18 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****35.00 *****35.00

3. Date Incorporated or Qualified 7/28/95 3a. Date of Last Report

4. FEI Number 59-3326447 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

CR2034 (3/96)