## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085983 (1)

HAWK TECHNICAL SERVICES, INCORPORATED

## **FILED** Aug 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 330 BEACH PARK LANE P. O. BOX 541335 CAPE CANAVERAL FL 32820 MERRITT ISLAND FL 32954-1335 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1995 04/26/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 1810 Alobertiage IX 59-3344957 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Mexit ISKINC) Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOWD, JANICE K anice Howa 330 BEACH PARK LANE 82 ess (P.O. Box Number Is Not Acceptable)
ADVXLY I OGC Drive CAPE CANAVERAL FL 32920 83 84 on submits this statement for the purpose of changing 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 (NOTE: Registered Agont signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE **VS** ☐ Addition TITLE 1.1 TITLE **Change** Christopher A Howd CHRISTOPHER A HAWD NAME 1.2 NAME 1810 Abbeyridge Drive 330 BEACH PARK LANE STREET ADDRESS 1.3 STREET ADDRESS Merrith Island FL 32953 CAPE CANAVERAL FL CITY-ST-ZIP 1.4 CHTY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE Janice K. Howd JANICE K. HOWD NAME 2.2 NAME 1810 Abbergrage Drive 330 BEACH PARK LANE STREET ADDRESS 2.3 STREET ADDRESS CAPE CANAVERAL FL merrith Island FL 32953 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP Change DELETE \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELE1E T Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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appears in Block 12 or Block 13 if changed, or on an attachment with an address. Janice K. Howd