

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094556 (4)

1. Corporation Name
TECH SETS, INC.

Principal Place of Business

17380 SW 300 ST
HOMESTEAD FL 33030
US

Mailing Address

PO BOX 801171
HOMESTEAD FL 33080-1171
US



2. Principal Place of Business

21 **PO. Box 2506**

Suite, Apt. #, etc.

22 City & State

23 **Haines City FL**

Zip

24 **33845-2506**

Country

25 **Polk**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/11/1995

3a. Date of Last Report

07/16/1996

4. FEI Number

65-0618096

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

RUDISILL, DANNY JR
17380 SW 300 ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name **Rudisill, Danny Jr**
82 Street Address (P.O. Box Number is Not Acceptable) **9595 Lk Marion Creek Rd.**
83
84 City **Haines City** FL 85 Zip Code **33844**

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 **PD** ☐ DELETE
NAME **RUDISILL, DANNY JR**
STREET ADDRESS **17380 SW 300 ST**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDTC** ☐ Change ☐ Addition
1.2 NAME **Rudisill, Danny Jr**
1.3 STREET ADDRESS **9595 Lk Marion Creek Rd.**
1.4 CITY-ST-ZIP **Haines City, FL 33844**

2.1 TITLE **V5 MB** ☐ Change ☒ Addition
2.2 NAME **Schuldt, Sandra L.**
2.3 STREET ADDRESS **9595 Lk Marion Creek Rd.**
2.4 CITY-ST-ZIP **Haines City, FL 33844**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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

Date

Daytime Phone #

0181030

CR2E034 (9/96)