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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079499 (5)

1. Corporation Name

TOTAL ACCESS TECHNOLOGIES, INC.

Principal Place of Business

2630 DORENA DRIVE
SUITE 100
ORLANDO FL 32838-5214

Mailing Address

2630 DORENA DRIVE
SUITE 100
ORLANDO FL 32839-5214

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 7457 ALOMA AVE.

Suite, Apt. #, etc.

22 1ST FLOOR

City & State

23 WINTER PARK, FL

Zip

24 32792

County

25 USA

2a. Mailing Address

26 7457 ALOMA AVE.

Suite, Apt. #, etc.

27 1ST FLOOR

City & State

28 WINTER PARK, FL

Zip

29 32792

County

30 USA

4. FEI Number

59-3402163

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

MILLER, HEIDI DANZIG
2630 DORENA DRIVE
SUITE 100
ORLANDO FL 32838-5214

10. Name and Address of New Registered Agent

81 Name

HANK MILLER

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

9043 TOWER PINE DRIVE

83

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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: *Charles H. Miller Jr.* PRESIDENT

(Signature, typed or printed name of registered agent and title if applicable)

CHARLES H. MILLER JR.

(NOTE: Registered Agent signature required when reinstating)

3/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME CHARLES H. MILLER JR.

STREET ADDRESS 9043 TOWER PINE DRIVE

CITY - ST - ZIP WINTER GARDEN, FL 34787

TITLE VICE PRESIDENT ☐ DELETE

NAME ADAM R. WEST

STREET ADDRESS 114 GRANDJUNCTION BLVD.

CITY - ST - ZIP ORLANDO, FL 32835

TITLE VICE PRESIDENT ☐ DELETE

NAME KENT GUNN

STREET ADDRESS 3268 LURAY COURT

CITY - ST - ZIP DELTONA, FL 32738

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 PRESIDENT ☐ Change ☒ Addition

1.2 NAME CHARLES H. MILLER JR.

1.3 STREET ADDRESS 9043 TOWER PINE DRIVE

1.4 CITY - ST - ZIP WINTER GARDEN, FL 34787

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME ADAM R. WEST

2.3 STREET ADDRESS 114 GRANDJUNCTION BLVD

2.4 CITY - ST - ZIP ORLANDO, FL 32835

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

3.2 NAME KENT GUNN

3.3 STREET ADDRESS 3268 LURAY COURT

3.4 CITY - ST - ZIP DELTONA, FL 32738

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: *Charles H. Miller Jr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (407)438-5850

Date Daytime Phone #

0006400

CR2E034 (9/96)