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FILED
May 16 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 # **P96000094681 (9)**

1. Corporation Name
TEKTROPICS, INC.



Principal Place of Business P.O. BOX 23111 ST PETERSBURG FL 33725-3111	Mailing Address P.O. BOX 23111 ST PETERSBURG FL 33742-3111
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3. Date Incorporated or Qualified 11/15/1996	3a. Date of Last Report
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2. Principal Place of Business 21 P.O. BOX 23111 Suite, Apt #, etc. 22 City & State 23 ST. PETERSBURG, FL Zip 24 33742-3111	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 USA	4. FEI Number 59-3411501 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ADAMS, LAURA B
10263 GANDY BLVD.
APT 2008
ST PETERSBURG FL 33725-3111**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 3087 SEAN WAY	83	84 City PALM HARBOR	85 Zip Code FL 34684
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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 Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALCH, BRENT F 1821 NW 43RD ST FT LAUDERDALE FL 33309	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/D BALCH, BRENT F. 1821 NW 43 ST. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, JOHN H 10263 GANDY BLVD. APT 2008 ST PETERSBURG FL 33702	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/D ADAMS, JOHN H. 3087 SEAN WAY PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, LAURA B 10263 GANDY BLVD. APT 2008 ST PETERSBURG FL 33702	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S/T ADAMS, LAURA B. 3087 SEAN WAY PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, STEPHEN E 14509 KNOLL RIDGE DR. TAMPA FL 33625	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	V/D STEPHEN E. TAYLOR 14509 KNOLL RIDGE DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, WILLIAM T 10200 N. ARMENIA APT 2705 TAMPA FL 33612	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGLINCKY, SHAWN J 6902 SPANISH MOSS CIRCLE TAMPA FL 33625	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 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 *Laura Adams* **LAURA B. ADAMS, SECRETARY** 4/29/97 (813) 781-2455
Date Daytime Phone #

CR2E034 (9/96)