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FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000005102 (3)

1. Corporation Name

Group Technologies Corporation

Principal Place of Business

10901 MALCOLM MCKINLEY DRIVE
TAMPA FL 33612

Mailing Address

10901 MALCOLM MCKINLEY DRIVE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

59-3497450

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

SHOBE, DAVID C
501 E. KENNEDY BOULEVARD
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D
NAME GILL, JEFFREY T
STREET ADDRESS 10901 MALCOLM MCKINLEY DRIVE
CITY-ST-ZIP TAMPA FL 33612

☐ DELETE

TITLE D
NAME ALLEN, ANTHONY C
STREET ADDRESS 10901 MALCOLM MCKINLEY DRIVE
CITY-ST-ZIP TAMPA FL 33612

☐ DELETE

TITLE D
NAME GILL, ROBERT E
STREET ADDRESS 10901 MALCOLM MCKINLEY DRIVE
CITY-ST-ZIP TAMPA FL 33612

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

AS

☒ Change

☐ Addition

500002504395
-04/29/98--01010--031
***158.75

P

Lovelock, Thomas W.
10901 Malcolm McKinley Drive
Tampa, FL. 33612

☐ Change

☒ Addition

V

Davis, Richard L.
10901 Malcolm McKinley Drive
Tampa, FL. 33612

☐ Change

☒ Addition

V

Cocke, James G.
10901 Malcolm McKinley Drive
Tampa, FL. 33612

☐ Change

☒ Addition

14. I 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 Michael J. Schuman Secretary (813) 973-6825

CR2E034 (10/97)

**GROUP TECHNOLOGIES CORPORATION
1998 CORPORATION ANNUAL REPORT
CONTINUATION SHEET**

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
Title Name Street Address City, State, Zip	<input type="checkbox"/> Delete	7.1 Title 7.2 Name 7.3 Street Address 7.4 City, State, Zip	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, David D. 10901 Malcolm McKinley Drive Tampa, Florida 33612
Title Name Street Address City, State, Zip	<input type="checkbox"/> Delete	8.1 Title 8.2 Name 8.3 Street Address 8.4 City, State, Zip	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schuman, Michael L. 10901 Malcolm McKinley Drive Tampa, Florida 33612
Title Name Street Address City, State, Zip	<input type="checkbox"/> Delete	9.1 Title 9.2 Name 9.3 Street Address 9.4 City, State, Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City, State, Zip	<input type="checkbox"/> Delete	10.1 Title 10.2 Name 10.3 Street Address 10.4 City, State, Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City, State, Zip	<input type="checkbox"/> Delete	11.1 Title 11.2 Name 11.3 Street Address 11.4 City, State, Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City, State, Zip	<input type="checkbox"/> Delete	12.1 Title 12.2 Name 12.3 Street Address 12.4 City, State, Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition