

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90003 012 \*\*\*150.00

DOCUMENT # **P97000074450**

1. Corporation Name

**TECHNA SERVICE COMPANY, INC.**



Principal Place of Business

**435 RED COAST LANE  
ORLANDO FL 32825**

Mailing Address

**435 RED COAST LANE  
ORLANDO FL 32825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/25/1997**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** **423 Red Coast Lane**

**28** City & State

**29** Zip

**30** Country

4. FEI Number

**59-3447340**

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 the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOY, LISA  
435 RED COAST LANE  
ORLANDO FL 32825**

10. Name and Address of New Registered Agent

**81** Name

**Boy, Lisa**

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

**423 Red Coast Lane**

**83**

**84** City

**Orlando**

**FL**

**85** Zip Code

**32825**

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** ☐ DELETE

NAME **BOY, LISA**  
STREET ADDRESS **435 RED COAST LANE**  
CITY-ST-ZIP **ORLANDO FL 32825**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Boy, Lisa**

**423 Red Coast Lane**

**Orlando, FL 32825**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LISA H. BOY**

**7-15-99**

**407-293-6435**

Date Daytime Phone #

CR2E034 (5/99)

TECHNA SERVICE COMPANY, INC.  
423 Red Coat Lane  
Orlando, FL 32825  
(407) 273-6435

P97000074450  
593306-90003-12

Division Of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

Per my conversation by telephone with an employee name Jane on June 30, 1999 at 4:30 p.m., this letter is to advise you of the reason for late payment regarding the 1999 Profit Corporation Annual Report.

First to advise you that our company had never received a 1st notice. Second, the notice that we just received (2nd notice) was addressed to: ~~TECHNA SERVICE COMPANY, INC.~~

423 Red Coat Lane  
Orlando, FL 32825

Therefore, I will assume that the reason we did not receive the notice in a timely manner was due to the address being wrong. The correct address for our company is as follows:

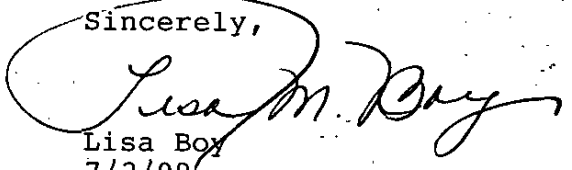
TECHNA SERVICE COMPANY, INC.  
423 Red Coat Lane  
Orlando, FL 32825

Henceforth, I am enclosing a check in the amount of \$150.00 for the original fee that we would have paid on time if we would have received the first notice at the proper address.

If you have any questions, or for any reason this payment would not be excepted, please contact me at the above address or telephone number.

Your immediate attention would be greatly appreciated. Thanking you in advance.

Sincerely,

  
Lisa Boy  
7/2/99

cc: James Fyffe CPA  
File