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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084676

1. Corporation Name

PREMIER TECHNICAL PRODUCTS INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90130 047 ***150.00



0001-C SANDTRAP LANE MELBOURNE FL 32935			3001-C SANDTRAP LANE MELBOURNE FL 32935			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/29/1997			
2. Principal Plac	ce of Business	2a. Mailing Ad	ldress~			4. FEI Number		Applied For	
· .		26				59-3470878	Γ	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		. 75 Additional ee Required	
City & State		City & Sta	te			=6: =Election Campaign Financing Trust Fund Contribution	•	.00 May Be	
Zip	Country 25	Zip				This corporation owes the current year Personal Property Tax.	Intangible Ye		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
RAI PI	i, ronald c Jr.			81		· ·			
3001-C SANDTRAP LANE		82	Street Address (P.O. Box Number is Not Acceptable)						
MELBO	OURNE FL 32935			83					
				84	City	F	L 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 runsiant to the provisions of sections our load and our load, Frontal statutes, the adovernance corporation's board of directors. I hereby accept the appointment as 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition TITLE □ DELETE 1.1 TITLE BETTE L. RALPH 1.2 NAME NAME 3001-C SANTRAP LN 1.3 STREET ADDRESS STREET ADDRESS Melbourne fl 32935 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition □ DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)