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May 08 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 # S09027 (1)

1. Corporation Name  
TRI-TECH ANALYTICAL, INC.

Principal Place of Business

7240 OLD CHENEY HWY  
ORLANDO FL 32807  
US

Mailing Address

P.O. BOX 140986  
ORLANDO FL 32814-0986  
US



3. Date Incorporated or Qualified 10/26/1990  
3a. Date of Last Report 02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3028622

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

TRYTEK, LINDA  
1319 RENEE AVENUE  
SUITE 1500  
ORLANDO FL 32825

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

*Linda Trytek* LINDA TRYTEK PRESIDENT

DATE

4/20/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME TRYTEK, LINDA  
STREET ADDRESS 1319 RENEE AVE  
CITY-ST-ZIP ORLANDO FL

TITLE V  
NAME TRYTEK, RAYMOND  
STREET ADDRESS 1319 RENEE AVE  
CITY-ST-ZIP ORLANDO FL

TITLE ST  
NAME HAYNES, TAMARA  
STREET ADDRESS 1319 RENEE AVE  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 5225 ABELIA DRIVE  
1.4 CITY-ST-ZIP ORLANDO FL. 32819

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 5225 ABELIA DRIVE  
2.4 CITY-ST-ZIP ORLANDO FL. 32819

3.1 TITLE  
3.2 NAME TRIDICO TAMARA  
3.3 STREET ADDRESS 4000 SAND PINCE DRIVE  
3.4 CITY-ST-ZIP MCKINNEY Island FL. 32953

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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:

*Linda Trytek* LINDA TRYTEK

DATE

4/20/97

(407) 275-8463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006796

CR2E034 (9/96)