FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S52477** **(4)**

1. Corporation Name
LOW TECH VENTURES, INC.

Principal Place of Business	Mailing Address
616 NW 202ND ST NEWBERRY FL 32669 US	616 NW 202ND ST NEWBERRY FL 32669 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 59-3072520 ☐ 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

ENWALL, PETER C. K.
RT 3 BOX 521
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name: KNELLINGER, RICHARD M.
82 Street Address (P.O. Box Number is Not Acceptable): 2815 N.W. 13th Street
83: Suite 305
84 City: GAINESVILLE FL 85 Zip Code: 32609

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] RICHARD M. KNELLINGER 8-1-95
(Signature and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, MOLLY COBB	12 NAME	SMITH, MOLLY COBB	
STREET ADDRESS	616 NW 202ND ST	13 STREET ADDRESS	616 NW 202nd Street	
CITY-ST-ZIP	NEWBERRY FL 32669	14 CITY-ST-ZIP	Newberry Florida 32669	
TITLE	DTS	21 TITLE	DTS	☐ Change ☐ Addition
NAME	EVANS, RANDALL H.	22 NAME	EVANS RANDALL H	
STREET ADDRESS	616 NW 202ND ST	23 STREET ADDRESS	616 NW 202nd Street	
CITY-ST-ZIP	NEWBERRY FL 32669	24 CITY-ST-ZIP	Newberry Florida 32669	
TITLE	D	31 TITLE	DP	☒ Change ☐ Addition
NAME	LONG, SARA D	32 NAME	Long Sara Denise	
STREET ADDRESS	RT. 3 BOX 859	33 STREET ADDRESS	Rt 3 Box 859	
CITY-ST-ZIP	WILLISTON FL 32696	34 CITY-ST-ZIP	Williston Florida 32696	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	Long John Clifford	
STREET ADDRESS		43 STREET ADDRESS	Rt 3 Box 859	
CITY-ST-ZIP		44 CITY-ST-ZIP	Williston Florida 32696	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sara Denise Long Sara Denise Long 7-28 93 9049715078
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0412064 FP