

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S81894** (5)
1. Corporation Name
M.I.T.S. CORP. SOUTHERN DIVISION



Principal Place of Business
**5982 CENTRAL AVE
ST PETERSBURG FL 33707-1621**

Mailing Address
**5982 CENTRAL AVE
ST PETERSBURG FL 33707-1621**

3. Date Incorporated or Qualified
09/20/1991

3a. Date of Last Report
04/14/1995

4. FEI Number
59-3083929

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**GAYTON, JOSEPH E
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

(2001) Registered Agent signature required when re-statuting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, TOM III	1.2 NAME	
STREET ADDRESS	2341 DEININGER ROD	1.3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, TIM	2.2 NAME	
STREET ADDRESS	7502 MOYER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, TIM	3.2 NAME	
STREET ADDRESS	2311 N. FRONT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENER, JOHN	4.2 NAME	
STREET ADDRESS	12205 5TH ST, EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLARAC, GEORGE	5.2 NAME	
STREET ADDRESS	2600 WILSON PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

John E. Keener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Keener

4/18/96 813-345-6641
DATE DAYTIME PHONE #

CR2E034 (12/95)