

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S89158** (7)

To: Corporation Name

SUNSHINE SKATE EQUIPMENT, INC.

Principal Office Address

**3711 TAMPA RD #108
OLDSMAR FL 34677**

Mailing Address

**3711 TAMPA RD #108
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3095379

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. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Office Address

21

2b. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUTCHINS, BRYAN A.
3711 TAMPA ROAD
SUITE 103
OLDSMAR FL 34677**

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 607.02(2) and 607.19(8), 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 licensed with and in compliance with Sections 607.02(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	HOAG, CHRISTOPHER P.	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS	3711 TAMPA RD #108	2. NAME	
CITY, STATE, ZIP	OLDSMAR FL	3. STREET ADDRESS	
		4. CITY, STATE, ZIP	
NAME	HOAG, CYNTHIA F	5. TITLE	☐ Change ☐ Addition
STREET ADDRESS	3711 TAMPA RD #108	6. NAME	
CITY, STATE, ZIP	OLDSMAR FL	7. STREET ADDRESS	
		8. CITY, STATE, ZIP	
NAME		9. TITLE	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY, STATE, ZIP		11. STREET ADDRESS	
		12. CITY, STATE, ZIP	
NAME		13. TITLE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
		16. CITY, STATE, ZIP	
NAME		17. TITLE	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY, STATE, ZIP		19. STREET ADDRESS	
		20. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032, Florida Statutes. I further certify that the information included in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an affidavit filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher P. Hoag

4/30/95 813-855-2154

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montoya
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # S89521

(6)

CLERK OF THE CIRCUIT COURT
JANUARY 11, 1996

FLORIDA WHOLESALE FUMIGATORS, INC.

RECEIVED
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office (City and State) 19111 VISTA BAY DR. UNIT 311 INDIAN SHORES FL 34635		2a. Mailing Address 19111 VISTA BAY DR. UNIT 311 INDIAN SHORES FL 34635		3. Date Incorporated or Reincorporated 10/24/1991	3a. Date of Last Report 04/28/1994
2. Principal Office (City and State) 21	2a. Mailing Address 26	4. FEI Number 59-3127934		Applied For Not Applicable	
22. State of Incorporation 22	27. State of Mailing Address 27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23. City and State 23	28. City and State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. Zip 25	29. Zip 29	7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent MASTERS, SUSAN ALMA 19111 VISTA BAY DR. UNIT 409 INDIAN SHORES FL 34635		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	
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11. Pursuant to the provisions of Sections 607.01(3)(c) and 607.15(4), 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 a person so chosen by Florida Statutes.

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME DPV MASTERS, MARION NEAL 19111 VISTA BAY DR. #311 INDIAN SHORES FL	1. NAME ☐ Change ☐ Addition
STREET ADDRESS	2. NAME ☐ Change ☐ Addition
CITY AND STATE	3. NAME ☐ Change ☐ Addition
ZIP	4. NAME ☐ Change ☐ Addition
NAME	5. NAME ☐ Change ☐ Addition
STREET ADDRESS	6. NAME ☐ Change ☐ Addition
CITY AND STATE	7. NAME ☐ Change ☐ Addition
ZIP	8. NAME ☐ Change ☐ Addition
NAME	9. NAME ☐ Change ☐ Addition
STREET ADDRESS	10. NAME ☐ Change ☐ Addition
CITY AND STATE	11. NAME ☐ Change ☐ Addition
ZIP	12. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the last 131.021(4), Florida Statutes. I further certify that the information submitted on the 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 signature shall be on file for all the corporation or the receiver or trustee empowered to prepare the report as required by Chapter 691, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an officer or director.

SIGNATURE: *Marion Neal Masters*
MARION NEAL MASTERS
5-6-95 813-596-0511
0370802 CP

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INCORPORATED
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # S89627

(1)

1. Corporation Name

TECHNICOMP SYSTEMS, INC.

2. Current Registered Agent

**202 LAKE POINTE DR
#108
FT. LAUDERDALE FL 33309**

3. New Registered Agent

**202 LAKE POINTE DR
#108
FT. LAUDERDALE FL 33309**

(DO NOT WRITE IN THIS SPACE)

3. Certificate Expired or Suspended	3a. Certificate Last Reported
10/24/1991	05/01/1994
4. FIC Number	4a. Agent Fee
65-0292726	First Application
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election (Continuing, Temporary, Trust, Limited Liability)	\$5.00 May Be Added to Fees
7. Does corporation have liability for admissible tax on basis of 1993?	
8. Does corporation have liability for admissible tax on basis of 1994?	

21. Principal Office of Corporation	2a. Mailing Address
1500 W. Cypress Creek Rd.	1500 W. Cypress Creek
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
Suite 306	Suite # 306
23. City, State	28. City, State
Fort Lauderdale FL	Fort Lauderdale, FL
24. Zip	29. Zip
33309	33309
25. Country	30. Country
USA	USA

9. Name and Address of Current Registered Agent

**MARKATIA, MOHAMMED AMIN
202 LAKE POINTE DR.
#108
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the purpose of changing the registered agent of the corporation reported on the certificate of status. If the change was authorized by the corporation's board of directors, I hereby certify that the corporation is in compliance with the requirements of the Florida Statutes.

12. Signature

**PD
MARKATIA, MOHAMMED AMIN
202 LAKE POINTE DR #108
FT LAUDERDALE FL**

13. Address

1. NAME	14. NAME
2. STREET ADDRESS	15. STREET ADDRESS
3. CITY	16. CITY
4. STATE	17. STATE
5. ZIP	18. ZIP
6. NAME	19. NAME
7. STREET ADDRESS	20. STREET ADDRESS
8. CITY	21. CITY
9. STATE	22. STATE
10. ZIP	23. ZIP
11. NAME	24. NAME
12. STREET ADDRESS	25. STREET ADDRESS
13. CITY	26. CITY
14. STATE	27. STATE
15. ZIP	28. ZIP
16. NAME	29. NAME
17. STREET ADDRESS	30. STREET ADDRESS
18. CITY	31. CITY
19. STATE	32. STATE
20. ZIP	33. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the purpose of changing the registered agent of the corporation reported on the certificate of status. If the change was authorized by the corporation's board of directors, I hereby certify that the corporation is in compliance with the requirements of the Florida Statutes.

SIGNATURE:

Markatia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95

305-908 0917