

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V15394

(2)

1. Corporation Name

SOUTHTEC SERVICES, INC.

Principal Place of Business

113 PROGRESS DRIVE TALLAHASSEE FL 32304

Mailing Address

113 PROGRESS DRIVE TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

08/08/1994

4. FEI Number

59-3114416

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MOHRFELD, FRED R. 639 VINCILE AVENUE TALLAHASSEE FL 32303

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

Signature typed or printed name of registered agent and the if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

Table with 3 columns: TITLE, NAME, ADDRESS. Rows for P, VS, VT, and empty rows.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 3 columns: 1-4 TITLE, NAME, ADDRESS. Rows 1-6 with checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 in an attached exhibit with an address.

SIGNATURE:

Handwritten signature: Fred R. Mohrfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

575-9995