

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
KATHLEEN B. WATSON
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V19020** (9)
APPLIED COMMERCIAL TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 135 STATE STREET SUITE C OLDSMAR FL 34677		2a. Mailing Address 135 STATE STREET SUITE C OLDSMAR FL 34677	
2. Principal Executive Officer 21		2b. Mailing Address 26	
3. Date Incorporated or Qualified 03/01/1992		3a. Date of Last Report 05/17/1994	
4. FEI Number 59-3109005		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	
7. This Corporation has elected not to prepare tax under 1361 (S-Corp) Florida Statutes ☒ Yes ☐ No			
24	25	29	30

9. Name and Address of Current Registered Agent MURRAY, RICHARD 135 STATE ST OLDSMAR FL 34677		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 607.0903 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D NORTH GENE ← DELETE 2. STREET ADDRESS 135 STATE ST 3. CITY, ST, ZIP OLDSMAR FL		1. NAME D JEFF KELCH 2. STREET ADDRESS 135 STATE ST. 3. CITY, ST, ZIP OLDSMAR, FL	☐ Change ☒ Addition
4. NAME D STORM, W. CHRIS 5. STREET ADDRESS 135 STATE ST 6. CITY, ST, ZIP OLDSMAR FL		4. NAME 5. STREET ADDRESS 6. CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME D MURRAY, RICHARD 8. STREET ADDRESS 135 STATE ST 9. CITY, ST, ZIP OLDSMAR FL		7. NAME 8. STREET ADDRESS 9. CITY, ST, ZIP	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP		10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP		13. NAME 14. STREET ADDRESS 15. CITY, ST, ZIP	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP		16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	☐ 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 Section 130.02(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and, as a public act, 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 or on Block 13 of a changed or new statement with an addition.

SIGNATURE:

Richard Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

813-855-3931