~~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 # V19020 (9)

1. Corporation Name

APPLIED COMMERCIAL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1011 E. LEMON ST. TARPON SPRINGS FL 34689	1011 E. LEMON ST. TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 03/01/1992
3a. Date of Last Report: 05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MURRAY, RICHARD~~
~~135 STATE ST~~
~~OLDSMAR FL 34677.~~

10. Name and Address of New Registered Agent

8' Name
82 Street Address (P.O. Box Number is Not Acceptable): 1011 E. LEMON ST.
83
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~KELCH, JEFF~~		1.2 NAME	
STREET ADDRESS	~~135 STATE STREET~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~OLDSMAR FL~~		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STORM, W. CHRIS		2.2 NAME	
STREET ADDRESS	~~135 STATE ST~~		2.3 STREET ADDRESS	1011 E. LEMON ST.
CITY-ST-ZIP	~~OLDSMAR FL~~		2.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, RICHARD		3.2 NAME	
STREET ADDRESS	~~135 STATE ST~~		3.3 STREET ADDRESS	1011 E. LEMON ST.
CITY-ST-ZIP	~~OLDSMAR FL~~		3.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: ✓ Richard T Murray ARGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/23/96 (813) 937-0205
Date Daytime Phone #