## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(9)

TECHNACOOL, INC.

## **FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I INDRI ANION INDRA NIND NAME SAME AND AND REGIL DARK AND DIGIT AND				
2211 37TH AVENUE NORTH 8T. PETERSBURG FL 33713		2211 37TH AVENUE NORTH ST. PETERSBURG FL 33713			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	·		
A Data da al D	N					10/19/1992			
	Place of Business	2a. Mailing Address	}¬ı						Applied For
21 Suite, Apt.	# 610	Suite Apt # etc	Suite, Apt. #, etc.			59-3155434	· · · · · · · · · · · · · · · · · · ·		Not Applicable
22		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & Stat	ee	City & State	<b>⊢</b> ¬ '			6. Election Campaign Financing \$5.00 May Be			
<b>23</b> Zip	Country	28 Zup	Zip Country			Trust Fund Contribution Added to Fees			
24	<u>├</u>	<u>├</u>	30	лцу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24	25 25 Name and Address of Curr	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]	· · · ·		10. Name and Address of New Registered Agent			
				81	Name	(O, Marile and Medical of Health	gioto, ou	ngont	
	Gar, Robert Alec 11 <b>37</b> Th Avenue North								
	. PETERSBURG FL 33713			82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
				83	07				
				84	City		FL	85 Zit	o 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									
					nt signature requir	red when reinstating)	DATE	DIDECTO	10011110
12.	OFFICERS AND DIRECTORS 13  DELETE 1.1'			IL F		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	
NAME	EDGAR, ROBERT ALEC							☐ crange	, C vanion
STREET ADDRESS	2211 37TH AVE NO			1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL				1				
TITLE				1.4 CITY-SI-ZIP 2 1 TITLE			<del></del>	Change	- Addition
NAME	_			2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP					ST - ZIP				
TITLE		☐ DELFTE	3.1 10					Change	☐ Addition
NAME			3.2 N/	AME				_	-
STREET ADDRESS			3.3 \$1		ADDRESS				
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP					]
TITLE		DELETE	4.1 Tr					Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST		ADDRESS				
CITY-ST-ZIP			4.4 CI	4.4 CITY-S1-ZIP					
TITLE	DELETE 5.1 T		TLE				☐ Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5 3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CF	TY - \$1	T-ZIP				
TITLE		DELETE	61 Ti1	TLE				Change	☐ Addition
NAME			62 NA	ME					
STREET ADDRESS			63 ST	REET	ADDRESS				
CITY-ST-ZIP	·		64 C(	TY-SI	r- 7IP				

14. I hereby certify that the information supplied with this filing 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.