

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000068312

**Entity Name:** TORK SYSTEMS INCORPORATED**Current Principal Place of Business:**2900 MAIN STREET #3200  
BLDG 140-D  
ALAMEDA, CA 94501**Current Mailing Address:**PO BOX 350117  
JACKSONVILLE, FL 32235 US**FEI Number:** 46-0777042**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	GOELZ, JOHN H
Address	136 EASTPORT ROAD
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	GOELZ, THOMAS C
Address	136 EASTPORT ROAD
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	GOELZ, WILLIAM T
Address	136 EASTPORT ROAD
City-State-Zip:	JACKSONVILLE FL 32218

Title	PRESIDENT
Name	GOELZ, HENRY DYLAN
Address	2900 MAIN STREET #3200 BLDG 140-D
City-State-Zip:	ALAMEDA CA 94501

Title	D
Name	GOELZ, LARKIN
Address	136 EASTPORT ROAD
City-State-Zip:	JACKSONVILLE FL 32218

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HENRY DYLAN GOELZ**ACCOUNTING MANAGER** 01/19/2023\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date