

2021 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:**136 EASTPORT ROAD
JACKSONVILLE, FL 32218 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 GOELZ

PRESIDENT

02/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date