FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **667831** **(2)**

1. Corporation Name
POLYTRONIC INC.

Principal Place of Business	Mailing Address
12115 28TH STREET NORTH ST. PETERSBURG FL 33716-6821	12115 28TH STREET NORTH ST. PETERSBURG FL 33716-6821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1980**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business	2a. Mailing Address
21 106 Peacock Circle	26 106 Peacock Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Safety Harbor FL	City & State 28 Safety Harbor FL
Zip / Country 24 34695 / 25 USA	Zip / Country 29 34695 / 30 USA

4. FEI Number: **59-1997381** ☐ 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

LIDDANE, INGRID
106 PEACOCK CIRCLE
SAFETY HARBOR FL 34695

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 607.0502 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	SCHWEIZER, HENRY	12 NAME	
STREET ADDRESS	~~12115 28TH ST N~~	13 STREET ADDRESS	106 Peacock Circle
CITY-ST-ZIP	~~ST PETE FL~~	14 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	C	21 TITLE	☒ Change ☐ Addition
NAME	THALMANN, CLAUDE	22 NAME	
STREET ADDRESS	~~12115 28TH ST N~~	23 STREET ADDRESS	106 Peacock Circle
CITY-ST-ZIP	~~ST PETE FL~~	24 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	VSD	31 TITLE	☒ Change ☐ Addition
NAME	BLOCH, HEINZ	32 NAME	
STREET ADDRESS	~~12115 28TH ST N~~	33 STREET ADDRESS	106 Peacock Circle
CITY-ST-ZIP	~~ST PETE FL~~	34 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	LIDDANE, INGRID	42 NAME	
STREET ADDRESS	~~12115 28TH ST N~~	43 STREET ADDRESS	106 Peacock Circle
CITY-ST-ZIP	~~ST PETE FL~~	44 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	JOST, ARNOLD	52 NAME	
STREET ADDRESS	~~12115 28TH ST N~~	53 STREET ADDRESS	106 Peacock Circle
CITY-ST-ZIP	~~ST PETE FL~~	54 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Ingrid Liddane Ingrid Liddane 4-24-95 813-799-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

031190 CP