

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 827222 (1)

1. Corporation Name
D.O. CREASMAN ELECTRONICS, INC.

Principal Place of Business

HIGHWAY 19 & 23 SOUTH
P.O. BOX 458
CANDLER NC 28715

Mailing Address

HIGHWAY 19 & 23 SOUTH
P.O. BOX 458
CANDLER NC 28715-0458

3. Date Incorporated or Qualified 12/21/1971
3a. Date of Last Report 03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

RUSH, DAVID L. SR.
2705 BRUCE LANE
P.O. BOX 417
SARASOTA FL 34237

4. FEI Number 56-0861596
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

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

Signature of the principal officer, director, agent, and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HILL, ROBERT E.	
STREET ADDRESS	HOOKERS GAP ROAD	
CITY- ST- ZIP	CANDLER NC	
TITLE	VP Pres. D	<input type="checkbox"/> DELETE
NAME	COOK, GEORGE E.	
STREET ADDRESS	220 LIBERTY ROAD	
CITY- ST- ZIP	CANDLER NC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RUSH, DAVID L.	
STREET ADDRESS	2750 BRUCE LANE	
CITY- ST- ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, MELBA J.	
STREET ADDRESS	RT 5 BOX 407	
CITY- ST- ZIP	CANDLER NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIDDLE, DONALD E.	
STREET ADDRESS	685 THATCHERS MILL ROAD	
CITY- ST- ZIP	PARIS KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 included 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:

George E. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97
Date

704-667-2576
Daytime Phone