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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # G32282

(7)

SHALIMAR RESEARCH & TECHNOLOGY, INC.

Principal Place of Business 60 SECOND ST. SHAUMAR FL 32579 Mailing Address

P.O. BOX 1206 SHALIMAR FL 32579

## FILED Mar 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/07/1983 2a. Mailing Address 4. FEI Number 2. Principal Place of usiness Applied For 59-2300460 COMMERCIAL. 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution 26 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MATUSKA, DANIEL A. Name 1700 19TH ST Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 32578 83 84 City 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, typeo or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1.1 TITLE Change Addition MATUSKA, DANIEL 1.2 NAME CR2E034 NAME 1700 19TH ST STREET ADORESS 1.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MATUSKA, SUSAN B. 2.2 NAME NAME 1700 19TH ST STREET ADDRESS 2.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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.