

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L97568 (4)  
1. Corporation Name  
CANAVERAL INDUSTRIES, INC.



Principal Place of Business  
192 CENTER ST.  
CAPE CANAVERAL FL 32920  
US

Mailing Address  
192 CENTER ST.  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/20/1990

4. FEI Number

59-3031904

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HRADESKY, E. L.  
192 CENTER ST.  
CAPE CANAVERAL FL

10. Name and Address of New Registered Agent

81 Name  
ROBERT BEALS, ESQUIRE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1800 W. HIBISCUS  
83 P.O. BOX 1870  
84 City  
MELBOURNE FL 85 Zip Code  
32901

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 typed or printed below of registered agent and I file duplicate

(N/A) Registered Agent signature required when reinstating

8 Apr. 98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	HRADESKY, E. L.	124 ST CROIX AVE.	COCOA BEACH FL	<input type="checkbox"/>
D	HRADESKY, E. E.	124 ST CROIX AVE.	COCOA BEACH FL	<input checked="" type="checkbox"/>
D	EMORY, J. E.	5120 PINTAIL LANE	MERRITT ISL. FL	<input type="checkbox"/>
D	MCARA, R. C.	580 HIDDEN HOLLOW	MERRITT ISL. FL	<input type="checkbox"/>
D	ZACCARO, T. W.	325 S. BANANA RIVER DR.	COCOA BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DIRECTOR  
JOHN J. MORRIS  
1370 YORK CIRCLE  
MELBOURNE, FL 32904

14. I 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 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: [Signature] 8 Apr. 98

CR2E034 (10/97)