

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

**FILED**

**Apr 21 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 # M68290 (9)**  
1. Corporation Name  
**ACME DYNAMICS, INC.**



Principal Place of Business: **3608 SYDNEY RD  
P O BOX 1780  
PLANT CITY FL 33564-1780**

Mailing Address: **3608 SYDNEY RD  
P O BOX 1780  
PLANT CITY FL 33564-1780**

3. Date Incorporated or Qualified: **02/15/1988**  
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2871798**  
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  
**MANEE, ROBERT G.  
2804 WEDGEWOOD DR.  
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent (81-85)  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANEE, ROBERT G.</b>	1.2 NAME	
STREET ADDRESS	<b>2804 WEDGEWOOD DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANEE, CAROLYN H.</b>	2.2 NAME	
STREET ADDRESS	<b>2804 WEDGEWOOD DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, JOSEPH A.</b>	3.2 NAME	
STREET ADDRESS	<b>4815 GENTRICE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRWIN, CHRISTOPHER</b>	4.2 NAME	
STREET ADDRESS	<b>15443 PLANTATION OAKS #02</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THARPE, MELVIN D.</b>	5.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 2483-DS</b>	5.3 STREET ADDRESS	<b>629 S.E. 28TH ST. UNIT 17</b>
CITY-ST-ZIP	<b>MELROSE FL 32666</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Joseph A. Murphy* **JOSEPH A. MURPHY, Vice Pres.** 4/16/97 (813) 752-3137  
Date: 4/16/97 Daytime Phone #: (813) 752-3137

CR2E034 (9/96)