


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90136 014 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # M68290

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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

3. Date Incorporated or Qualified
02/15/1988

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 owes the current year Intangible Personal Property Tax. 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 Name **MURPHY, JOSEPH A.**

82 Street Address (P.O. Box Number is Not Acceptable)
4615 GENTRICE DR.

83

84 City **VALRICO** FL 85 Zip Code **33594**

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 *Joseph A. Murphy* **JOSEPH A. MURPHY PRESIDENT** DATE **4/20/99**

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

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DP <input checked="" type="checkbox"/> DELETE |
| NAME | MANEE, ROBERT G. |
| STREET ADDRESS | 2804 WEDGEWOOD DR. |
| CITY-ST-ZIP | PLANT CITY FL |
| TITLE | DS <input checked="" type="checkbox"/> DELETE |
| NAME | MANEE, CAROLYN H. |
| STREET ADDRESS | 2804 WEDGEWOOD DR. |
| CITY-ST-ZIP | PLANT CITY FL |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | MURPHY, JOSEPH A. |
| STREET ADDRESS | 4615 GENTRICE DR |
| CITY-ST-ZIP | VALRICO FL |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | IRWIN, CHRISTOPHER |
| STREET ADDRESS | 11404 ORILLA DEL RIO PL |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | THARPE, MELVIN D. |
| STREET ADDRESS | 629 SE 28TH STREET, #17 |
| CITY-ST-ZIP | MELROSE FL |
| 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 | PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | EXECUTIVE VICE PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | VICE PRESIDENT, DIRECTOR <input checked="" 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 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, with all other like empowered.

SIGNATURE: *Joseph A. Murphy* **JOSEPH A. MURPHY PRESIDENT** DATE **4/20/99** (813) 752-3137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)