SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000013457 (6)

1. Corporation Name
CPI INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
728 E TRINDAD AVE CLEWISTON FL 33852 US	728 E TRINDAD AVE CLEWISTON FL 33852 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0383347 — ☐ Applied For ☐ Not Applicable

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

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**

CREEL, KAREN
728 EAST TRINIDAD AVENUE
CLEWISTON FL 33440

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, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	CREEL, THOMAS M	1 2 NAME	
STREET ADDRESS	85 LAKEVIEW AVE	1 3 STREET ADDRESS	
CITY ST ZIP	LAKE PLACID FL	1 4 CITY ST ZIP	
TITLE	VSD	2 1 TITLE	V/S/T/D ☒ Change ☐ Addition
NAME	SWINDIE, JAMES	2 2 NAME	SWINDLE, JAMES
STREET ADDRESS	RT 1 BOX 337T	2 3 STREET ADDRESS	212 BAYBERRY LOOP
CITY ST ZIP	CLEWISTON FL	2 4 CITY ST ZIP	CLEWISTON, FL 33441
TITLE	TD	3 1 TITLE	(Delete) ☒ Change ☐ Addition
NAME	BREIG, DOLORES M	3 2 NAME	BREIG, DOLORES
STREET ADDRESS	102 COUNTRY CLUB DRIVE	3 3 STREET ADDRESS	
CITY ST ZIP	LAKE PLACID FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	(DELETE) ☒ Change ☐ Addition
NAME	MYERS, PAUL E.	4 2 NAME	MYERS, PAUL E
STREET ADDRESS	260 GRAPE NW	4 3 STREET ADDRESS	
CITY ST ZIP	LAKE PLACID FL	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	BRADY, ROBERT A.	5 2 NAME	
STREET ADDRESS	5872 BRADY TRAIL	5 3 STREET ADDRESS	
CITY ST ZIP	SEBRING FL	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] V.P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6/29/95 Date — Daytime Phone #

CR2E034 (3/95)

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