

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G64989 (8)

1. Corporation Name

GODFREY ENGINEERING, INC.

dba BFGoodrich Aerospace Lighting Systems Division

Principal Place of Business

129 FAIRFIELD ST
OLDSMAR FL 34677

Mailing Address

129 FAIRFIELD ST
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1983

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2341516

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC
NAME	KAPLAN, HARLEY B
STREET ADDRESS	129 FAIRFIELD ST
CITY - ST - ZIP	OLDSMAR FL 34677
TITLE	V
NAME	SHERWOOD, GEORGE K.
STREET ADDRESS	3925 EMBASSY PKWY
CITY - ST - ZIP	AKRON OH
TITLE	S
NAME	CAUSE, NICHOLAS J.
STREET ADDRESS	3925 EMBASSY PKWY
CITY - ST - ZIP	AKRON OH
TITLE	T
NAME	MCMILLAN, ROBERT A.
STREET ADDRESS	3925 EMBASSY PKWY
CITY - ST - ZIP	AKRON OH
TITLE	D
NAME	BURNER, DAVID L.
STREET ADDRESS	250 N CLEVELAND-MASSILLO
CITY - ST - ZIP	AKRON OH
TITLE	D
NAME	LARSEN, MARSHALL
STREET ADDRESS	3414 S 5TH ST
CITY - ST - ZIP	PHOENIX AZ

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2/21/95

Date

(813) 855-4428

Telephone Number