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Feb 10 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 # 189405 (4)

1. Corporation Name
TRACOR INC



Principal Place of Business

Mailing Address

~~205 K MAIN STREET~~
~~203 WOOD ST~~
~~SARASOTA FL 34237~~

~~203 WOOD ST~~
~~SARASOTA FL 34237~~

3. Date Incorporated or Qualified 12/08/1955
3a. Date of Last Report 04/15/1996

2. Principal Place of Business
21 2033 Wood Street

2a. Mailing Address
26 P.O. Box 4019

4. FEI Number 59-1201321
Applied For Not Applicable

22 Suite, Apt. #, etc. 218

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Sarasota, FL

28 City & State
Sarasota, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34237
25 Country USA

29 Zip 34230
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAWICK JR, HENRY P
2051 MAIN STREET, SUITE #102
SARASOTA FL 34237

81 Name HENRY P. TRAWICK, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 2033 Wood Street
83 Suite 218
84 City Sarasota
85 Zip Code FL 34237

11. Pursuant to the provisions of Sections 607.0802 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

February 3, 1997

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 PDY
NAME TRAWICK, JR HENRY P
STREET ADDRESS 2051 MAIN ST x 2033 Wood St., 218
CITY - ST - ZIP SARASOTA, FL 00000 34237

1.1 TITLE PDY
1.2 NAME TRAWICK, HENRY P., JR.
1.3 STREET ADDRESS 2033 Wood St., Suite 218
1.4 CITY - ST - ZIP Sarasota, FL 34237

TITLE S
NAME MULLET, JULIE A
STREET ADDRESS 2051 MAIN ST, SUITE 102 2033 Wood St. 218
CITY - ST - ZIP SARASOTA FL 34237

2.1 TITLE S
2.2 NAME MULLET, JULIE A.
2.3 STREET ADDRESS 2033 Wood St., Suite 218
2.4 CITY - ST - ZIP Sarasota, FL 34237

TITLE V
NAME VALENTINE, THOMAS CX
STREET ADDRESS 205 K MAIN STREET X
CITY - ST - ZIP SARASOTA FL X

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Feb. 3, 1997 (941) 366-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)