

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # 266624 (6)

1. Corporation Name

DBA SYSTEMS, INC.

Principal Place of Business

1200 S WOODY BURKE RD.
P O BOX 550
MELBOURNE FL 32902-0550

Mailing Address

1200 S WOODY BURKE RD.
P O BOX 550
MELBOURNE FL 32902-0550



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 25 29 30

9. Name and Address of Current Registered Agent

ROBERTSON, CHARLES B.
1200 S WOODY BURKE RD.
MELBOURNE FL 32901

3. Date Incorporated or Qualified

01/30/1963

3a. Date of Last Report

03/23/1995

4. FEI Number

59-0996417

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPDT ☐ DELETE

NAME SLACK, JOHN L.
STREET ADDRESS 1200 S. WOODY BURKE ROAD
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ DELETE

NAME BOYD, JOSEPH A.
STREET ADDRESS 1800 W. HIBISCUS BLVD., STE. 137
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ DELETE

NAME WEAVER, LYNN E., DR.
STREET ADDRESS 150 W UNIVERSITY BLVD.
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ DELETE

NAME ELLSWORTH, ROBERT F.
STREET ADDRESS 818 CONNECTICUT AVE., N.W. STE.800
CITY-ST-ZIP WASHINGTON DC

TITLE D ☐ DELETE

NAME POTTER, WILLIAM
STREET ADDRESS 700 S. BABCOCK STREET, 4TH FLOOR
CITY-ST-ZIP MELBOURNE FL

TITLE D ☒ DELETE

NAME TORDELLA, LOUIS W.
STREET ADDRESS 9518 E. STANHOPE ROAD
CITY-ST-ZIP KENSINGTON MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 in any attachment with an address.

SIGNATURE:

CHARLES B. ROBERTSON

1-407-727-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

DBA SYSTEMS, INC.
P.O. DRAWER 550
MELBOURNE, FL. 32902-0550
DOCUMENT # 266624

SECTION 12 CONTINUED

TITLE	D
NAME	BANEY, RICHARD N
STREET ADDRESS	1350 S HICKORY STREET
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	V/S
NAME	ROBERTSON, CHARLES B.
STREET ADDRESS	1200 S. WOODY BURKE RD
CITY-ST-ZIP	MELBOURNE, FL 32902-0550

TITLE	O
NAME	STULL, TIMOTHY L
STREET ADDRESS	1200 S. WOODY BURKE RD
CITY-ST-ZIP	MELBOURNE, FL 32902-0550