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

CORPORATION ANNUAL REPORT

1997

Principal Prace of Business

1,329

ASSESSMENT OF THE



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . DIVISION OF CORPORATIONS

FILED Apr 22 1997 8:00am Secretary of State

DOCUMENT 1. Corporation Name	#	
•	Electronics,	1nc. 239467
		224400

Maling Address

1055 Arden Ave., S. W. 1312 N. Lime Ave. Sarasota, FL 34237 Atlanta, Ga. 30310 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/68 April 96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1226977 Not Applicable 26 Suite Apt #Letc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 J. N. Holcombe **B2** Street Address (P.O. Box Number is Not Acceptable) 5940 Emerald Harbor Long Boat Key, F1 83 City 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. Thereby accept the appointment as registered agent. Lan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. trapout in I spend or printed hairs of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Secretary DELETE Change Addition 1.1 TITLE THE õ J. N. Holcombe 12 NAME NAM CR2E034 5940 Emerald Harbor 1.3 STREET ADDRESS Long Boat Key, Fl. 34228 1.4 CITY-ST-ZIP President DELETE 2.1 TITLE Change Addition Tibel J. R. Holcombe 22 NAME NAME 1055 Arden Ave., S. W. 2.3 STREET ADDRESS STREET ALTHUSS. Atlanta, Ga. 30310 <u> 2017 ST 201</u> 2 4 CITY-ST-ZIP Diff DELETE 3.1 TITLE ☐ Change ___ Add-tion Director NAM: 3.2 NAME Elizabeth Holcombe 3.3 STREET ADDRESS Jak at Lajvidjina 1055 Arden Ave., S. W. O'Y SELEP 3.4 CITY+ST-ZIP Atlanta, Ga. 30310 DELETE Change Addition 1 ± 1 4.1 TiTLE 4. 2 NAME STREET ADECUS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 001Y 5 - 205 ___ C/Ange DELETE 5.1 TITLE Addition 1.01 5.2 NAME $J_{\nu}\mathcal{M}t$ 54id 13 All (+ 35 5.3 STREET AUDRESS Olf 51 76 54 CITY - ST - ZIP DELETE 400002152924 -04/24/97--01005--010 61 TITLE LHI

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information are medicated on this amount 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 have an efficiency 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 8'book 12 or 8 book 12 or

6.2 NAME

6.3 STREET ADDRESS

64 City - St - ZIP

James R. Holcombe, Pres.

404 758 7421

***165.00