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

DOCUMENT # **360443** **(6)**

1. Corporation Name

FREDERICK ELECTRONICS, INC.

Principal Place of Business

626 AVENUE O S W
WINTER HAVEN FL 33880

Mailing Address

626 AVENUE O S W
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified: **03/03/1970**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-1290951** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

FREDERICK,JAMES E
626 AVE O SW
WINTER HAVEN FL 33880

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 607.1503, 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 _____ DATE _____
(If changing Registered Agent, Registered Agent must sign here) (If changing Registered Office, Registered Agent must sign here)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FREDERICK, BARBARA		12 NAME	
STREET ADDRESS	626 AVE O SW		13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MAYNARD, DAVIE		22 NAME	
STREET ADDRESS	626 AVE O SW		23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		24 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FREDERICK, JAMES E JR		32 NAME	
STREET ADDRESS	626 AVE O SW		33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		34 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BURNS, SUSAN		42 NAME	
STREET ADDRESS	626 AVENUE O SW		43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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M.M.
3-29-96

14. I do hereby certify that the information supplied with this filing is true and accurate, 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, added or deleted.

SIGNATURE: Susan K. Burns Susan K. Burns 3/4/96 (941)294-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)