

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 # 388362 (6)

1. Corporation Name

NEUOTRONICS, INC.



Principal Place of Business

20909 N.E. 132ND AVE
WALDO FL 32694

Mailing Address

20909 N.E. 132ND AVE
WALDO FL 32694

2. Principal Place of Business

21 20825 N.E. 132 Ave

Suite, Apt. #, etc.

22

City & State

23 Waldo, FL

Zip

24 32694

2a. Mailing Address

26 20825 N.E. 132 Ave

Suite, Apt. #, etc.

27

City & State

28 Waldo, FL

Zip

29 32694

Country

30

3. Date Incorporated or Qualified
09/14/1971

3a. Date of Last Report
04/10/1995

4. FEI Number

05-9140850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

SMITH, JACK R
STAR ROUTE 1, BOX 543
WALDO 32694

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 date of registration

Signature typed or printed name of registered agent and date of registration

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
SMITH, DARI
700 S.W. 16TH PLACE
GAINESVILLE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME PD
SMITH, JACK
STAR ROUTE 1, BOX 543
WALDO FL

CITY - ST - ZIP

TITLE ☒ DELETE

NAME ST
SMITH, KARLA
1305 N.W. 4TH STREET
GAINESVILLE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

Jack R. Smith Jack R. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 352-468-1006

DATE DAYTIME PHONE

CR2E034 (12/95)