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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90110 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 419093

1. Corporation Name
SEMTRONIC ASSOCIATES, INC.

Principal Place of Business
**657 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**657 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1973

4. FEI Number

59-1443085

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 600 S. NORTHLAKE Blvd

26 600 S. NORTHLAKE Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 220

27 SUITE 220

City & State

City & State

23 ALTAMONTE SPRINGS FL

28 ALTAMONTE SPRINGS, FL

Zip Country

Zip Country

24 32701

25 USA

29 32701

30 USA

9. Name and Address of Current Registered Agent

**CAMILLONE, RONALD M
657 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name CAMILLONE, RONALD M

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

600 S. NORTHLAKE Blvd

83 #220

84 City ALTAMONTE SPRINGS, FL

85 Zip Code 32701

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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14. I 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, with all other like empowered.

SIGNATURE: **Theresa R Schroeder**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Date

727-545-3231

Daytime Phone #

CR2E034 (11/98)