

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 # 434549 (2)
1. Corporation Name
ARK ELECTRONIC PRODUCTS, INC.



Principal Place of Business

C/O TAX DEPARTMENT
P.O. BOX 2826
LARGO FL 34649-2826

Mailing Address

C/O TAX DEPARTMENT
P.O. BOX 2826
LARGO FL 34649-2826

3. Date Incorporated or Qualified
09/07/1973

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1426902

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VT
HOTCHKISS, DOUGLAS
STREET ADDRESS
3009 ASHLAND TERRACE
CITY-ST-ZIP
CLEARWATER FL

1.1 TITLE

☐ Change ☐ Addition

NAME
VSD
SLATTERY, JAMES L.
STREET ADDRESS
1931 SADDLE HILL RD
CITY-ST-ZIP
DUNEDIN FL

1.2 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
AS
RINNER, RONALD R.
STREET ADDRESS
8545 126TH AVENUE N
CITY-ST-ZIP
LARGO FL

2.1 TITLE

☐ Change ☐ Addition

NAME
PD
COOPER, C DONALD
STREET ADDRESS
3130 MEADOW VIEW LN
CITY-ST-ZIP
PALM HARBOR FL

2.2 NAME

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
AS
RINNER, RONALD R.
STREET ADDRESS
8545 126TH AVENUE N
CITY-ST-ZIP
LARGO FL

3.1 TITLE

☐ Change ☒ Addition

TITLE ☒ DELETE

NAME
PD
COOPER, C DONALD
STREET ADDRESS
3130 MEADOW VIEW LN
CITY-ST-ZIP
PALM HARBOR FL

3.2 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VSD
SLATTERY, JAMES L.
STREET ADDRESS
1931 SADDLE HILL RD
CITY-ST-ZIP
DUNEDIN FL

3.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VSD
SLATTERY, JAMES L.
STREET ADDRESS
1931 SADDLE HILL RD
CITY-ST-ZIP
DUNEDIN FL

3.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President, Secretary 4/30/96

(813) 530-2977

Date

Daytime Phone #

CR2E034 (12/95)