

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:01

DOCUMENT # **454323** (7)
1. Corporation Name
DOW ELECTRONICS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
5718 ADAMO DRIVE TAMPA FL 33619 **5718 ADAMO DRIVE TAMPA FL 33619**

3. Date Incorporated or Qualified **06/07/1974** 3a. Date of Last Report **02/22/1994**

2. Principal Place of Business 21 8603 Adamo Drive Suite, Apt. #, etc.	2a. Mailing Address 26 8603 Adamo Drive Suite, Apt. #, etc.	4. FEI Number 59-1535498	Applied For <input type="checkbox"/> Not Applicable
22 City & State Tampa, FL	27 City & State Tampa, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip 33619	24 Country	29 Zip 33619	30 Country

9. Name and Address of Current Registered Agent PFULGNER, J GEOFFREY 2033 MAIN ST. SARASOTA, FL 34237	10. Name and Address of New Registered Agent 81 Name Stephen O. Decker 82 Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street, Suite 2800 83 84 City Tampa FL 85 33602-5126
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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 607.0507, Florida Statutes.

SIGNATURE *Stephen O. Decker* **Stephen O. Decker** *January 26, 1995*
Signature, type 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 V	NAME BUFFINGTON, GREGORY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 938 MILL BEND DRIVE	CITY-ST-ZIP LAWRENCEVILLE GA	1.2 NAME	
TITLE CCEO	NAME DECKER, PHILIP A	1.3 STREET ADDRESS	
STREET ADDRESS 6404 N. 112TH AVE.	CITY-ST-ZIP TAMPA FL	1.4 CITY-ST-ZIP	
TITLE PTCO	NAME YODZIS, JOHN J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17701 EMERALD GREEN DRIVE	CITY-ST-ZIP TAMPA FL	2.2 NAME	
TITLE S	NAME YODZIS, CAROLYN	2.3 STREET ADDRESS	
STREET ADDRESS 17701 EMERALD GREEN DRIVE	CITY-ST-ZIP TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 110.07(3)(6), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. Yodzis* **JOHN J. YODZIS, PRESIDENT** *1/26/95* (813) 626-5795
Signature and typed name of signing officer or director