SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (4)480253 ADROIT ELECTRONICS, INC. Principal Place of Business Mailing Address 683 PEREGRINE DRIVE 683 PEREGRINE DRIVE INDIALANTIC FL 32903 INDIALANTIC FL 32903 3a. Date of Last Report 3. Date Incorporated or Qualified 07/06/1995 07/09/1975 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-1659209 26 21 \$8.75 Additional Suite, Apt. #, etc Certificate of Status Desired Suite, Apt. #. etc. Fee Required 27 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes 🛮 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROWN, MARY G. Street Address (P.O. Box Number is Not Acceptable) 82 **683 PEREGRINE DRIVE** INDIALANTIC FL 32903 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or product name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) 13. OFFICERS AND DIRECTORS 12. Addition DELETE 11 HILE TITLE CR2E034 1.2 NAME BROWN, HAROLD K. NAME 13 STREET ADDRESS **683 PEREGRINE DRIVE** STREET ADDRESS 1.4 CITY - ST - ZIP INDIALANTIC FL CITY-ST-ZIP Change ____ Addition DELETE 21 TITLE TITLE 22 NAME BROWN, MARY G. NAME 2.3 STREET ADDRESS **683 PEREGRINE DRIVE** STREET ADDRESS 2 4 CHTY - ST - ZIP INDIALANTIC FL CITY - ST - ZIP "Change 🔲 Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 411018 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME 5.3 STHEET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certily 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 196 407-779-3417