FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 491542 1. Corporation Name

BRAGG	AVIATION ELECTRONICS, IN	IC.										
Principal Place	e of Business	Mailing A	ddress			•		- I ililit Bibin ikini isani bisi bisi si		.	of Athly men	1 1 8 8 1
855 ST. JOHNS BLUFF RD. 855 ST. JOHNS BLUFF RD.												
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225							DO NOT WRI	TE IN THIS	SPACE			
								3. Date Incorporated or Qualifed	12 114 11110	OI NOL		
								11/24/1975				1
2 Principal P	lace of Business	2a. Mailin	g Address				-	4. FEI Number		11	Applied F	or
21		26	3					59-1637165			Not Appli	cable
Suite, Apt.	#, etc.		Apt. #, etc.					5. Certificate of Status Desired		\$8.75	5 Addition	nal
22		27						5. Certificate of Status Desired		Fee	Required	
City & State	e	City'8	State -	التنو مهدانات			<u></u>	6. Election Campaign Financing			May B	
23		28						Trust Fund Contribution			d to Fees	
Zip	Country	Zip		_	intry			8. This corporation owes the curr	ent year inta		Пы	
24	25	29		30				Personal Property Tax. 10. Name and Address of New F	a wintered	Yes	□No	
	9. Name and Address of Current	Registered /	Agent		81	Name		10. Name and Address of New I	(egistereu /	- Agent		
BRAG	GG, L.D.					radino						
	HOLLY OAKS LK RD E					Street A	Addres	ss (P.O. Box Number is Not Accepta	able)			
	KSONVILLE FL 32225											
0,101	TO THE TE SELECT				83							
					84	City			FL	85 Zi	p Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.150	8. Florida Statu	tes, the a	bove	e-named c	согрог	ration submits this statement for the	purpose of	changing	its registe	red
office or r	egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Suc	:h change was a	authonzed	י עם נ	tne corpo	ration	's board of directors. I hereby accep	ot the appoir	ntment as	registere	d
SIGNATURE												_ \
	Signature, typed or printed name of registered agent				Agen	t signature re	quired v	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AN	ID DIREC	TORS IN	12
12.	OFFICERS AND	DIRECTOR	DELETE	13.	TI E			ADDITIONS/CHANGES TO OF		Chang		ddition
TITLE	BRAGG, L D							•		_	_	1
NAME			1.2 NAME 1.3 STREET ADDRESS									
STREET ADDRESS	TO A CONTRACT OF THE CONTRACT											
CITY-ST-ZIP TITLE	V			1.4 CITY-ST-ZIP 2.1 TITLE					[] Chang	je 🔲 /	Addition	
NAME	BRAGG, THOMAS G			2.2 NAME								
STREET ADDRESS	4530 MORRIS RD	•				ADDRESS						Į
•	JACKSONVILLE, FL 00000		~,		ITY-S	1						ſ
CITY-ST-ZIP	AVP	D DELETE 31T							~ ☐ Chan	je/	Addition	
NAME	BRAGG, MICHAEL D. 32N		AME							1		
STREET ADDRESS	1120 TIMBER LANE			3.3 S	TREET	ADDRESS						ł
CITY-ST-ZIP	JACKSONVILLE FL			3.4. C	aty-s	T-ZIP						
TITLE			DELETE	4.1 TI						Chang	je 🗆 /	Addition
NAME				4.2 N	IAME							ļ
STREET ADDRESS				4.3 S	TREET	ADDRESS						Ì
CITY-ST-ZIP				4.4 C	ITY-SI	T-ZIP						
TITLE			☐ DELETE	5.1 TI	ΠLE					☐ Chang	ie 🗀 🗸	Addition
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	TREET	ADDRESS						
CITY-ST-ZIP					ITY-S	T-ZIP						
TITLE			DELETE	6.1 TI]				☐ Chang	}e □/	Addition
NAME		·		6.2 N								
STREET ANDRESS				6.3 S	TREET	ADDRESS						!

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90023 043 ***150.00