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 13 AM 9:15

DOCUMENT # 497568 (6)

1. Corporation Name
TAMPA BAY HERMETICS, INC.

Principal Place of Business	Mailing Address
4513 N. FLORIDA AVE. P.O. BOX 7727 TAMPA FL 33673	4513 N. FLORIDA AVE. P.O. BOX 7727 TAMPA FL 33673

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 02/26/1976	3a. Date of Last Report: 06/21/1994
21	26	4. FEI Number: 59-1731735	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 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

DRAKE, KELLY D
4513 N FLORIDA AVE
TAMPA FL 33603

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	S ☒ Change ☐ Addition
NAME	DRAKE, J MICHAEL	12 NAME	Drake, J. Michael
STREET ADDRESS	4513 NO FL AVE	13 STREET ADDRESS	9339 Old Lakeland Hwy
CITY ST ZIP	TAMPA, FL 00000	14 CITY ST ZIP	Dade City, Fl. 33525
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	DRAKE, KELLY	22 NAME	Drake, Kelly
STREET ADDRESS	5112 BAYSHORE BLVD	23 STREET ADDRESS	4620 W. Sunset Blvd
CITY ST ZIP	TAMPA, FL 00000	24 CITY ST ZIP	Tampa, Fl. 33629
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WADE, THEODORE	32 NAME	
STREET ADDRESS	RT #2 BOX 1319	33 STREET ADDRESS	
CITY ST ZIP	LUTZ FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	DRAKE, DAVID R., JR.	42 NAME	
STREET ADDRESS	4601 BROWNING	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 any attachment with an address.

SIGNATURE: David R. Drake, Jr. 1/10/95 813-237-3975
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — (Telephone Number)