

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  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 541642 (5)

1. Corporation Name  
ACTRON II, INC.



Principal Place of Business

Mailing Address

6024 SOUTH HIGHWAY 301  
BRADENTON FL

6024 SOUTH HIGHWAY 301  
BRADENTON FL

3. Date Incorporated or Qualified  
07/27/1977

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

21 6024 15<sup>th</sup> ST. E.

Suite, Apt. #, etc

22 ~~BRADENTON~~

City & State

23 BRADENTON FL

Zip

24 34203

Country

25 USA

2a. Mailing Address

26 6024 15<sup>th</sup> ST. E.

Suite, Apt. #, etc

27 4

City & State

28 BRADENTON FL

Zip

29 34203

Country

30 USA

4. FEI Number  
59-1756803

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

TAYLOR, J. SCOTT  
6024 SOUTH HIGHWAY 301  
BRADENTON FL

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

Signature typed in printed form in Block 12 or Block 13, as applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME S  
STREET ADDRESS BRZOWSKI, PAUL  
CITY - ST - ZIP 10601 96TH STR NO  
LARGO FL

TITLE  
NAME P  
STREET ADDRESS TAYLOR, SCOTT  
CITY - ST - ZIP 8164 SHADOW PINE WAY  
SARASOTA, FL 00000

TITLE  
NAME T  
STREET ADDRESS TAYLOR, LISA  
CITY - ST - ZIP 8164 SHADOW PINE WAY  
SARASOTA, FL 00000

TITLE  
NAME V  
STREET ADDRESS TAYLOR, SAM  
CITY - ST - ZIP 2423 VIA SIENNA  
WINTER PARK FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 199.07(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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-96

341-756-5565

CR2E034 (3/96)