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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 605429 (0)

1. Corporation Name
SAWTEK INC.

Principal Place of Business

1818 S HWY 441
APOPKA FL 32703

Mailing Address

P.O. BOX 809601
ORLANDO FL 32880-9601
US

3. Date Incorporated or Qualified
01/03/1979

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1864440

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

MILLER, STEVEN P
1818 SOUTH HIGHWAY 441
APOPKA FL 32703

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MILLER, STEVEN P.	
STREET ADDRESS	1818 S. HIGHWAY 441	
CITY - ST - ZIP	APOPKA, FL 0	
TITLE	V	☐ DELETE
NAME	MONETTI, GARY O	
STREET ADDRESS	1818 S. HIGHWAY 441	
CITY - ST - ZIP	APOPKA FL	
TITLE	VD	☐ DELETE
NAME	SHOQUIST, THOMAS L.	
STREET ADDRESS	1818 S. HIGHWAY 441	
CITY - ST - ZIP	APOPKA FL	
TITLE	VD	☐ DELETE
NAME	TOLAR, NEAL J.	
STREET ADDRESS	1818 S. HIGHWAY 441	
CITY - ST - ZIP	APOPKA FL	
TITLE	V	☐ DELETE
NAME	LINK, RAYMOND A	
STREET ADDRESS	1818 S HWY 441	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	☐ DELETE
NAME	GRIMM, WILLIAM	
STREET ADDRESS	1818 S HWY 441	
CITY - ST - ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond A Link CFO

1/17/97

(407) 284-3244

CR2E034 (9/96)