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

APPROVED AND FILED

95 APR 18 PM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **697426** **(5)**

1. Corporation Name
ACCUDYNE CORPORATION

Principal Place of Business	Mailing Address
~~2330 COMMERCE PARK DR. NE~~ ~~#105~~ PALM BAY FL 32905	~~P O BOX 159~~ ~~#104~~ MELBOURNE FL 32902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1981**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): 2330 COMMERCE PARK DR
2a. Mailing Address (26): PO BOX 1059
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): PALM BAY
City & State (28): MELBOURNE
Zip (24): 32905 County (25): BREVARD
Zip (29): 32902 County (30): BREVARD

4. FEI Number: **59-2114632** ☐ 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

LAWSON, JAMES A.
2330 COMMERCE PARK DR NE
PALM BAY FL 32905

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	President ☒ Change ☐ Addition
NAME	LAWSON,JAMES A.	12 NAME	Lawson, James A
STREET ADDRESS	455 RIO CASA DR. SOUTH	13 STREET ADDRESS	11540 Point Drive
CITY-ST-ZIP	INDIALANTIC FL	14 CITY-ST-ZIP	S. Merritt Island, FL 32952
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	LAWSON,BARRI W.	22 NAME	Lawson, Barri W
STREET ADDRESS	455 RIO CASA DR SOUTH	23 STREET ADDRESS	11540 Point Drive
CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	S. Merritt Island, FL 32952
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LAWSON,FLOYD H.	32 NAME	
STREET ADDRESS	15 ELLEN ST	33 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	SZUBA, THOMAS D.	42 NAME	VP
STREET ADDRESS	605 DUNDEE CIR	43 STREET ADDRESS	Szuba, Thomas D
CITY-ST-ZIP	W. MELBOURNE FL	44 CITY-ST-ZIP	4290 Careywood
TITLE		51 TITLE	Melbourne, FL 32934 ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 01-11-95 407 724-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B&M CP