

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 697426 (5)

1. Corporation Name

ACCUDYNE CORPORATION



Principal Place of Business

1415 JASLO STREET S.E.
PALM BAY FL 32909
US

Mailing Address

PO BOX 1059
MELBOURNE FL 32902
US

3. Date Incorporated or Qualified

08/04/1981

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 1415 Foundation Park Blvd.

26 P.O. Box 1059

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Bay, FL

City & State

28 Melbourne, FL

Zip

24 32909

Country

25 USA

Zip

29 32902

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1415 FOUNDATION PARK BLVD SE

83

84

City PALM BAY

FL

85 32909

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 their approval)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAWSON, JAMES A.	
STREET ADDRESS	11540 POINT DR	
CITY - ST - ZIP	S MERRITT ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAWSON, BARRI W.	
STREET ADDRESS	11540 POINT DR	
CITY - ST - ZIP	S MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, FLOYD H.	
STREET ADDRESS	15 ELLEN ST	
CITY - ST - ZIP	BINGHAMTON NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SZUBA, THOMAS D.	
STREET ADDRESS	4290 CAREYWOOD	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

James A. Lawson

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (12/95)