FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 839900

(8)

DIVERSIFIED ELECTRONICS, INC. LEESBURG FACILITY

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- E ENDINE INITED HISTORIAN CREAT CREAT DESIRE	III QIBIA BIBAA	LOS OLDS BIRS	1 010 11 10 0 1	
1321 EDGAR ST. 1321 EDGAR ST.										
EVANSVILLE IN 47710 EVANSVILLE IN 47710										
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 01/25/1978				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		TIAn	plied For	
21		26				35-1134990			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·					\$8.75		
22		27				5. Certificate of Status Desired		Fee Re		
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution				
Zip	Country	Zip	⊢ ⊸	intry		8. This corporation owes or has p	_			
24	25 9. Name and Address of Currer	29 Agent	30			Personal Property Tax due June 10. Name and Address of New Re			J No	
WALLACE CLYNN										
1511 EAST MAIN ST					R. Dewey Burnsed					
LEESBURG FL 32748				82 Street	Address (P.O. Box Number is Not Acceptable) 1100 Main Street, Suite 211					
				83	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	o in percent bare	<u> </u>			
				84 City				or Zin (20do	
				'	Lad	ly Lake	FL	85 Zip (321	59	
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 lambig with and accept the obligations of Section 607.0505, Florida Statutes.										
orrice or registered agent, or both, in the State of Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familier with and accept the obligations of Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or proof or anie of ingritured open and title of applicable (NOTE: Registered Apont signature required when renestating) DATE DATE										
					e required		DATE			
12.	COT	DELETE	13. 1.1 li	11 E	D	ADDITIONS/CHANGES TO OFFI		Change	Addition	
NAME	STONE, JACK A	_ butter	1.2 N		1 -	rgaret S. Slaughter		onango	Tagarion (
STREET ADDRESS	1400 OLD NAT'L BANK BLDG	3 .		reet address		2 College Highway				
CITY-ST-ZIP	ÉVANSVILLE IN			TY-ST-ZIP		ansville, IN 47714				
TITLE	AS	DELET E	2.1 Tí		D	MILGY # 1 107 111 1111 1111 1111 1111 1111 11		Change	Addition (
NAME	WILLIAMS, KAREN		2.2 N	AME	1 -	ck A. Stone, Jr.				
STREET ADDRESS	1321 EDGAR ST		2.3 S1	REET ADDRESS	2	3 Malcolm Drive				
CITY-ST-ZIP	EVANSVILLE IN		2.40	ITY-ST-ZIP	⊥šĭ	iver Springs, MD 2	0901			
TITLE	PD	DELETE	3.1 TI	TLE	D	2 1	1	Change	Addition	
NAME	TORIAN, PAUL T		3.2 N	AME	Ja	mes W. Stone				
STREET ADDRESS	800 SUNSET JANESVILLE, WIS 00000		1	HEET ADDRESS	1 ~/	o 1400 Old National	Bank	Bldg.		
CITY-ST-ZIP	VPD	DELETE	_	ITY-ST-ZIP	Ev	ansville, IN 47708		Change	Addition	
TITLE	ERICKSON, JAMES R	DELETE	4.1 Ti		D		,	Change	TYT MODITION	
NAME	1027 OAK HILL AVE		4. 2 N		Ro	bert C. Stone				
STREET ADDRESS	JANESVILLE WI			REET ADDRESS	30	001 E. Bethel Lane	^		i	
CITY-ST-ZIP TITLE	70	DELETE	5.1 TI	TY-ST-ZIP		comington, IN 4740	8	★ Change	Addition	
NAME	KECK, DAVID M	Special are to make a fur	5.2 N		DS		•			
STREET ADDRESS	1402 OLD NAT'L BANK BLDG	3 .		REET ADDRESS	Me	erle H. Gould				
CITY-\$T-ZIP	EVANSVILLE, IN 00000			TY-ST-ZIP) Do	344 Stacer Road ewburgh, IN 47630				
TITLE	ATD	DELETE	6.1 TI		D	·*************************************		Change	★ Addition	
NAME	STONE, DOROTHY W		6.2 N/	AME	_	drew N. Erickson]	
STREET ADDRESS	1400 OLD NAT'L BANK BLDG	3.	6.3 S1	REET ADDRESS	1	04 Dartmouth Drive			İ	
CITY-ST-ZIP	EVANSVILLE IN		6.4 CI	TY-ST-ZIP	Ja	nesville. WT 53545				
14. Thereby o	certify that the information supplied w	ith this filing does not qualify for	or the exe	emption stat	led in S	nesville, WI 53545 lection 119.07(3)(i), Florida Statutes.	further cer	tify 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.

(812)423-2045