

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F18401** (2)
1. Corporation Name
CIRCUIT TEST INC.

Principal Place of Business
**14601 MCCORMICK DRIVE
TAMPA FL 33626**

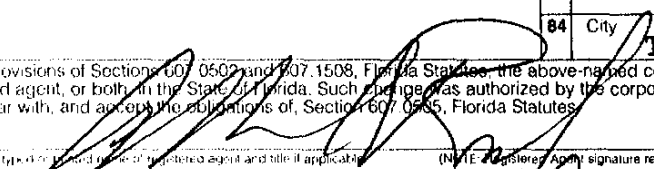
Mailing Address
**14601 MCCORMICK DRIVE
TAMPA FL 33626-3025**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1981	3a. Date of Last Report 03/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2054420		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

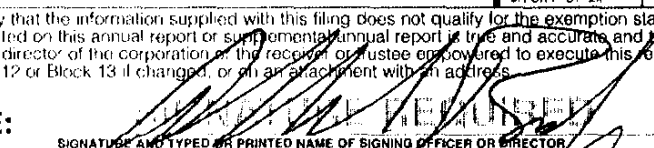
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BRASWELL, ALLEN S 12749 WEST HILLSBOROUGH AVE TAMPA FL 33615		81 Name	BRASWELL, ALLEN S		
		82 Street Address (P.O. Box Number is Not Acceptable)	14601 MCCORMICK DRIVE		
		83			
		84 City	TAMPA	85 Zip Code	FL 33626

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: **2/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BRASWELL, ALLEN S	1.2 NAME	
STREET ADDRESS	192 DEVON DRIVE	1.3 STREET ADDRESS	2 SEASIDE LANE, #102
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	BELLEAIR, FL 34616
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BRASWELL, CASSIE A	2.2 NAME	
STREET ADDRESS	192 DEVON DRIVE	2.3 STREET ADDRESS	2 SEASIDE LANE, #102
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	BELLEAIR, FL 34616
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRASWELL, ALLEN S., JR.	3.2 NAME	
STREET ADDRESS	6558 WESTMINSTER PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MURMAN, ANITA BETH	4.2 NAME	
STREET ADDRESS	106 PLANTATION CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	KATHLEEN GA	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	BRASWELL, BRUCE A	5.2 NAME	
STREET ADDRESS	18208 TALBOT PLACE	5.3 STREET ADDRESS	7247 PITTSFIELD COVE
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	GERMANTOWN, TN 38138
TITLE	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	BRASWELL, AMY	6.2 NAME	
STREET ADDRESS	3405 CYPRESS HEAD COURT	6.3 STREET ADDRESS	10208 TALBOT PLACE
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	TAMPA, FL 33626

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 recipient 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:  DATE: **2/24/97** DAYTIME PHONE #: **801/295-5300**

CR2E034 (9/96)