## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL 21 AM 9: 07 DOCUMENT #

1. Corporation Name (2)STEVE'S ELECTRONICS, INC. Principal Place of Business Mailing Address RT 1 BOX 8348 RT 1 BOX 8348 WEST STREET WEST STREET SPALATKA FL PALATKA FL S DO NOT WRITE IN THIS SPACE 32177 US 3a, Date of Last Report 3. Date Incorporated or Qualified 03/26/1981 01/26/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 59-2166928 Not Applicable 21 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HUNTER, JAMES S 81 Name RTE 1 BOX 8348 82 Street Address (P.O. Box Number is Not Acceptable) KAY LARKA AIRPORT 83 PALATKA FL 32177 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.050P and 60 office or registered agent, or both, in the State of Floring pt 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or ha. Such changle was authorized by the corporation's board of directors. I hereby accept the appointment as registered of J. Section 607.6505, Florida Statutes. agent. I am familiar and accept the oblid SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE Change Addition 1.1 TITLE TITLE nter, James S NAME 1.2 NAME MEST-STREET 402 N. STREET ADDRESS 1.3 STREET ADDRESS INTERLACHEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 7000022452dm7-0m4 -07/23/97--01085--006 P DELETE TITLE 2.1 TITLE **HUNTER, JAMES C** NAME 2.2 NAME 57. 40 WEST ST 402 N. \*\*\*\*165.00 \*\*\*\*165.00 STREET ADDRESS 2.3 STREET ADDRESS 32148 INTERLACHEN FL CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ Addition DELETE 4.1 TITLE Change TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change 5 1 TITLE Addition TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZI 5.4 CITY-ST-ZIP DELET**É** TITLE 6 1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.9 STREET ADDRESS cCITY-ST-ZIP 6.4 CITY-S1-ZIP 193 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, pr on an attachment with an address.

7-17-97

904- 378-74.9