

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Apr 12, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **F39162** (5)

1. Corporation Name

**TECHNOLOGY RESEARCH CORPORATION**

Principal Place of Business

**5250-140TH AVE NORTH  
CLEARWATER FL 34620**

Mailing Address

**5250-140TH AVE NORTH  
CLEARWATER FL 34620**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LEGATTI, RAYMOND H.  
5250 140TH AVENUE  
CLEARWATER FL 34620**

3. Date Incorporated or Qualified

**06/03/1981**

3a. Date of Last Report

**04/10/1995**

4. FEI Number

**59-2095002**

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEGATTI, RAYMOND H.	
STREET ADDRESS	1567 ALEXANDER ROAD	
CITY-STATE-ZIP	BELLEAIR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOD, RAYMOND B.	
STREET ADDRESS	1513 BEVERLY DRIVE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	WIGGINS, ROBERT S.	
STREET ADDRESS	5250 140 AVE NORTH	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, E.F. JR	
STREET ADDRESS	5250 140TH AVE., N.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENDALL, J.T.	
STREET ADDRESS	5250 140TH AVE. NO.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	HILL, H. J.	
STREET ADDRESS	5250 140 AVE NO.	
CITY-STATE-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (813)535-0572

CR2E034 (12/95)