

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90024 009 \*\*\*150.00

DOCUMENT # F39162

1. Corporation Name

TECHNOLOGY RESEARCH CORPORATION

Principal Place of Business

5250-140TH AVE NORTH  
CLEARWATER FL 34629 33760

Mailing Address

5250-140TH AVE NORTH  
CLEARWATER FL 34629 33760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1981

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 33760

25

28 Zip

Country

29 33760

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGATTI, RAYMOND H.  
5250 140TH AVENUE  
CLEARWATER FL 34629 33760

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME LEGATTI, RAYMOND H.  
STREET ADDRESS 1567 ALEXANDER ROAD  
CITY-ST-ZIP BELLEAIR FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WOOD, RAYMOND B.  
STREET ADDRESS 1513 BEVERLY DRIVE  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition

TITLE DTS ☐ DELETE

NAME WIGGINS, ROBERT S.  
STREET ADDRESS 5250 140 AVE NORTH  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MURPHY, E.F. JR  
STREET ADDRESS 5250 140TH AVE., N.  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME KENDALL, J.T.  
STREET ADDRESS 5250 140TH AVE. NO.  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☒ Addition

TITLE CFO ☐ DELETE

NAME LOUCKS, SCOTT J  
STREET ADDRESS 1825 BARCELONA DRIVE  
CITY-ST-ZIP DUNEDIN FL

6.1 TITLE ☐ Change ☐ Addition

D  
POAD, MARTIN L.  
5250 140th Avenue North  
Clearwater, FL

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SCOTT J LOUCKS

4/10/1999

Date

(727) 535-0572

Daytime Phone #

CR2E034 (11/98)

0414854