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

PROFIT CORPORATION ANNUAL REPORT

1997



HI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F66136

(5)

DIGECON, INC.

## FILED Mar 19 1997 8:00am Secretary of State

Principal Place 9160 ROE STR ELLYSON INDU PENSACOLA F	HEET JSTRIAL PARK	Mailing Address 9160 ROE STREET ELLYSON INDUSTRIAL PARK PENSACOLA FL 32514-7031							
PENSAUULA F	L 32914	PENSAGOLA FL 32514-70	131			3. Date incorporated or Oualified 02/05/1982		ite of Last 01/1996	
2. Principal P	lac <b>e of</b> Business	2a, Mailing Address 26				4. FEI Number 59-2170494			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. # etc.				5. Certificate of Status Desired			5 Additional Required
City & State	0	City & State	,,			Election Campaign Financing     Trust Fund Contribution			00 May Be
Zip 24	Country   Zip   Cou			itry		8. This corporation has liability for intangible tax under s. 199.032, florida Statutes ☐ Yes ☐ No			
BRO	9, Name and Address of Current DWN, W. B.	Registered Agent		B1	Namo	10. Name and Address of New Re	egistered /	igent	
916	O ROE ST. YSON INDUSTRIAL PARK					ess (P.O. Box Number is Not Accepta	ble)		
	ISAÇOLA FL 32514			83					
			ļ	84	City		FL	<b>85</b> Zi	ip Code
11. Pursuant to office or re	to the provisions of Sections 607.0602 egistered agent, or both, in the State on familiar with, and accept the obtaction	and 607.1508, Florida Statu FFlorida Such change was	l les, the ab authorized longa Stati	U Pove Iby Ites	n-named corporation	oration submils this statement for the on's heard of directors. I hereby acco		changing ointment a	) its registered as registered
SIGNATURE	Signature, typed or pented have of respected agent	•				d when reinstating)	DATE		
12.	OFFICERS AND		13.	right.	- Contract Color C	ADDITIONS/CHANGES TO OFFI		DIRECTI	ORS IN 12
TITLE	STD	DELETE	1.1 1010	ı E	·T		· · · · · · · · · · · · · · · · · · ·	Change	e 🔲 Addition
NAME	WARD, MARY C		1.2 NA	ME					
STREET ADDRESS	5437 ROWE TRAIL		1.3 S1F	RLET	ADDRESS				-
CHTY-ST-ZIP	PACE FL		1.4 CiT	Y-5	1-7/P				) i
TITLE	PO	□ DELETE	2 1 111	LE				Change	e Acdition
NAME	B <b>ro</b> wn, Willard B		2.2 NA/	Mξ					
STREET ADDRESS	8724 MEADOWBROOKE DRIVE		23 STA	REET	ADDRESS				
CITY-ST-ZIP	P <u>e</u> nsacola fl		2 4 017	TY - S	ST- ZIP				ľ
TITLE		☐ DELETE	3.1 301	l F.				Change	e Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STF	REFT	ADDRESS				
CITY-ST-ZIP			34. CI	IY-S	ST- ZIP				
TITLE		DELETE	4 1 111	Lŀ				Change	e 🔲 Addition
NAME			4 2 NA	ME					
STREET ADDRESS			4.3 STF	<b>([</b> []	ADDRESS				ļ
CITY-ST-ZIP	•		4.4 Cr1		1 - ZIP			- <del></del>	
TITLE		☐ DELFTE	51 TH	l f				Change	e L Addition
NAME -			5.2 NA	Μć					
STREET ADDRESS			5.3 STF	₹££ I	ADDRESS				
CITY-ST-ZIP			5.4 CI1		1 - 71P				
TITLE	- 	☐ DELFTE	6.1 1(1)		}			Change	e LAdd-tion
NAME			6.2 NAI	ME	İ				
STREET ADDRESS			6.3 S1F	KEFT	ADDRESS				
CITY-ST-ZIP			64 CH	Y - S	T-7IP				
38 Ldo borob	sa partitud that the independing accordingly	anticipation tities, etc. or and course	litization there		motion stated	in Soction 110 (17/2)/i) Florida Ctatut	on I buethor	بطاه د کانونوست	or the

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 as it made under each; that I am an officer or director of this 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.

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(904) 477-5483