FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F88610** **(3)**

1. Corporation Name
PARAVANT COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
780 S. APOLLO BLVD. ATRIUM ONE MELBOURNE FL 32901 US	780 S. APOLLO BLVD. ATRIUM ONE MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2209179 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE ESQ.
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name
02 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	JOSHI, KRISHAN	12 NAME		
STREET ADDRESS	4401 DAYTON-XENIA RD	13 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH	14 CITY-ST-ZIP		
TITLE	PTD	21 TITLE	P D	☒ Change ☐ Addition
NAME	MCNEIGHT, RICHARD P	22 NAME		
STREET ADDRESS	146 WINDWARD WAY	23 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	NOE, THEODORE	32 NAME	Clifford, James	
STREET ADDRESS	3950 DOW RD., #D	33 STREET ADDRESS	4391 Dayton-Xenia Rd	
CITY-ST-ZIP	MELBOURNE FL 32935	34 CITY-ST-ZIP	Dayton, OH 45430	
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	CRAVEN, WILLIAM	42 NAME		
STREET ADDRESS	26 NORMANDY COURT	43 STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE NJ	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	HALBERT, RAY	52 NAME	Maguire, Michael	
STREET ADDRESS	P.O. BOX 361255 N/A	53 STREET ADDRESS	18 Manatee Island Blvd.	
CITY-ST-ZIP	MELBOURNE FL 32936	54 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE		61 TITLE	VT	☐ Change ☒ Addition
NAME		62 NAME	Bradojak, Kevin	
STREET ADDRESS		63 STREET ADDRESS	611 Loggerhead Island Dr.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Satellite Beach, FL 32937	

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)(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.

SIGNATURE: Kevin J Bradojak 4/30/95 (407) 727-3672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004269 CP