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

FILED
95 APR 24 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003877 (8)**

1. Corporation Name
GENERAL SCIENTIFIC MANUFACTURING, INC.

Principal Place of Business	Mailing Address
1300 THOMAS DRIVE PANAMA CITY FL 32408	1300 THOMAS DRIVE PANAMA CITY FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1993	3a. Date of Last Report: 04/05/1994
4. FEI Number: 54-1686446	☐ 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	

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ 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	PCD	1.1 TITLE		☒ Change ☐ Addition
NAME	WHATLEY, SHARON W	1.2 NAME	WATLEY, SHARON W	
STREET ADDRESS	6903 N LAGOON DR #13	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KENNEY, JAMES F	2.2 NAME		
STREET ADDRESS	7586 RUXTON DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD VA	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAMES	3.2 NAME		
STREET ADDRESS	PO BOX 27463, BAY POINT (N/A)	3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP		
TITLE	~~VD~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~DOMINGUEZ, RAFAEL~~	4.2 NAME	(BLANK)	
STREET ADDRESS	~~19607 GLEN WILLOW WAY~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~GERMANTOWN MD 20874~~	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ELEANOR N	5.2 NAME		
STREET ADDRESS	1042 WASHINGTON STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MACON GA 31204	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	SCARBOROUGH, JASON F	6.2 NAME		
STREET ADDRESS	PO BOX 15063 (N/A)	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-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)(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: Jason F. Scarborough JASON F SCARBOROUGH 4/19/95 904 230-1546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081600 CP