

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

DOCUMENT # F93000003877 (8)

1. Corporation Name

GENERAL SCIENTIFIC MANUFACTURING, INC.



Principal Place of Business

1300 THOMAS DRIVE  
PANAMA CITY FL 32408

Mailing Address

1300 THOMAS DRIVE  
PANAMA CITY FL 32408

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

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

04/24/1995

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME WATLEY, SHARON W  
STREET ADDRESS 6903 N LAGOON DR #13  
CITY-ST-ZIP PANAMA CITY BCH FL  
☐ DELETE

TITLE VD  
NAME KENNEY, JAMES F  
STREET ADDRESS 7596 RUXTON DRIVE  
CITY-ST-ZIP SPRINGFIELD VA  
☐ DELETE

TITLE SD  
NAME MARTIN, JAMES  
STREET ADDRESS PO BOX 27463, BAY POINT (N/A)  
CITY-ST-ZIP PANAMA CITY FL  
☐ DELETE

TITLE D  
NAME PARKER, ELEANOR N  
STREET ADDRESS 1042 WASHINGTON STREET  
CITY-ST-ZIP MACON GA 31204  
☐ DELETE

TITLE TD  
NAME SCARBOROUGH, JASON F  
STREET ADDRESS PO BOX 15063 (N/A)  
CITY-ST-ZIP PANAMA CITY FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2922A HARRISON AVENUE  
1.4 CITY-ST-ZIP PANAMA CITY, FL 32405

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 22153  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 32411-7463  
☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

JASON F. SCARBOROUGH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON F. SCARBOROUGH

2/10/96

904-230-1516  
Date Daytime Phone #

CR2E034 (12/95)