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Secretary of State
04-25-1999 90039 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F95000003426**

1. Corporation Name
DYNECO CORPORATION

Principal Place of Business	Mailing Address
564 INTERNATIONAL PLACE UNIT B ROCKLEDGE FL 32955	564 INTERNATIONAL PLACE UNIT B ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualifed: 07/17/1995

4. FEI Number: 41-1508703 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

EDWARDS, THOMAS C
564 INTERNATIONAL PLACE
UNIT B
ROCKLEDGE FL 32955

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	CP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	EDWARDS, THOMAS C		1.2 NAME	O'Halloran, James P.	
STREET ADDRESS	1426 GLENEAGELS WAY		1.3 STREET ADDRESS	105 Spring Street	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	Arlington, MA 02174	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, THOMAS C		2.2 NAME		
STREET ADDRESS	1426 GLENEAGLES WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLE, PETER G		3.2 NAME		
STREET ADDRESS	454 VILLA GRAND AVE., SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLTGREIVE, ROBERT J		4.2 NAME		
STREET ADDRESS	3925 36TH ST. N.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON OH		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANNING, GEORGE E		5.2 NAME		
STREET ADDRESS	148 WIANNO AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	OSTERVILLE MA 02655		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VANDAGRIFF, NICK		6.2 NAME		
STREET ADDRESS	922 KENSINGTON WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN KY 42101		6.4 CITY-ST-ZIP		

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 REQUIRED 4/21/99 407/639-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)