F95000006106

TO: Qualification/Tax Lien Section	
Division of Corporations	800001661808 -12/14/9501067002_
	-12/14/95==01067==002 *****78.75 *****78.75
SUBJECT: Cybertron Inc.	A tentent Of Comment Of Co.
SUBJECT:CyberTron, Inc. (Name of corporation - must include suffix)	· · · · · · · · · · · · · · · · · · ·
(Militie of conhomeron - inter metade smillx)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Florida", "Certificate of Existence", and check are submitted to register foreign corporation to transact business in Florida.	Transact Business in the above referenced
Please return all correspondence concerning this matter to the following	
	5 ·
Judson T. Tucker	
(Name of Person)	
Glover, Young, Walton, Phillips & T (Firm/Company)	Sucker, PLLC (2) 14 W 95 DEC 1
P. O. Box 5514	<u>50 vik</u>
(Address)	
Meridian, MS 39305	
(City/State/Zip)	
	GRAIN SAIN
Should you need to call someone concerning this matter, please call:	4
Judson Tucker at (601) 602_1201
) 693-1301 Daytime Telephone Number)
· · · · · · · · · · · · · · · · · · ·	

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ATED", "COMPANY", "CORPORATION" or words or sate that it is a corporation instead of a natural acnt.)
3. 64-0868215 (FEI number, if applicable)
5 Pernetual
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
time of completion of application 607.1501,607.1502,AND 817.155,F.S.)
95 DEC
of Conference of the Conferenc
g address)
y to be carried out in the state of
agent: (P.O. Box or Mail Drop Box NOT
l <u>. </u>
Florida 33374
, Florida , <u>33324</u> (Zip Code)
of service of process for the above stated on, I hereby accept the appointment as further agree to comply with the provisions of rmance of my duties, and I am familiar with ed agent. CEPTANCE signature)

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

A. DIREC	TORS (Street address only- P. O . Box NOT acceptable)
Director	F. E. Holladay
Address:	3436 Highway 45 N. Meridian, MS 39301
Director Vaccor	: Clay E. Holladay
	3436 Highway 45 N
	Meridian, MS 39301
Director:	Steven M. Eastwood
Address:	3436 Highway 45 N
	Meridian. MS 39301
Director:	Ronald Eubanks
Address:	648 S. Perry Street
	Montgomery, AL 36104
	RS (Street address only- P. O. Box NOT acceptable)
President:	F. E. Holladay
	3436 Highway 45 N
·	Meridian, MS 39301
Vice President	: Steven M. Eastwood
Address:	3436 Highway 45 N
	Meridian, MS 39301
Secretary:	Clay E. Holladay
	3436 Highway 45 N
	Meridian, MS 39301
Freasurer:	Clay E. Holladay
Address:	3436 Highway 45 N, Meridian, MS 39301
**See atta	essary you may attach an addendum to the application listing additional
13(Signat	turbof Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Clay E. Holladay, Secretary/Treasurer (Typed or printed name and capacity of person signing application)

B. OFFICERS

Vice President: Ronald Eubanks

Address: 648 S. Perry Street Montgomery, AL 36104

ACCEPTANCE OF APPOINTMENT

RE: CYBERTRON INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 7, 1995

C T CORPORATION SYSTEM

Bonnie L. Harmon, Assistant Secretary

State of Mississippi

Office of the Secretary of State Dick Molpus, Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, DICK MOLPUS, Secretary of State of the State of Mississippi and as such, the legal custodian of the corporate record required by the laws of Mississippi, so be filed in my office do hereby certify:

That on October 30,1995 the state of Mississippi issued a Charter/Certificate of Authority to:

CYBERTRON, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

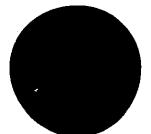
That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office December 06,1995

DICK MOLPUS Secretary of State



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F95000006106

FILED

96 NOV 20 AM 10: U4

SECRETARY OF STATE

CYBERTRON, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal f	Place of Business	Malling Add	leasa ·		-	- THOUSE, I EURIL		
SIGE HIGHMAY 45 N 343		3436 HIGH	CSE INGUINAY 45 M EPIDMON ME SOID!					
If above	addresses are incorrect in any way, line	through Incorrect	information and enter	correction below.	REINS	TATEMEN	90	
2. New Pr	rincipal Office Address, If Applicable	3. New Me	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 49444440000000000000000000000000000			
Suite, Apt. €, etc. Suite, Apt.		Suite, Apt. (, etc.		5 ECINI			
City & Stat	te	City & State			1	64-0900215	Applied For Not Applicable	
Ζφ	Country	Zip	Count		The state of the s	E OF STATUS DESIRED		
7. Names	and Street Addresses of Each Officer a	nd/or Director (Fi					as is the own a surviving	
Title(s)	Name of Officers end/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			Chy/S	City / State / Zip	
PD	HOLLADAY, F E		3436 HIGHWAY	46 N		MERIDIAN NS 30001		
DV	EASTWOOD, STEVEN M		3636 HEGHWAY	45 N		MERICIAN MS 30001		
067	HOLLADAY, CLAY E		3436 HIGHWAY	45 N		MERIDANI ME SELOI		
DV	EUBANKS, RONALD		040 S. PERRY S	MEET		MONTGOMETY AL 381		
:"		•				a	bible	
						\mathcal{O}	NOT W	
<u> </u>	E. Na./re and Address of Currer	t Registered Age	int	No-s	9. Name and A	ddrees of New Registered	Agent Capalitate (Se	
	ORPORATION SYSTEM			Name	O Parki			
	SOUTH FINE IBLAND ROAD (ATION FL 3332N				.U. BUX HULLING	10002014 -11/26/960	5497 1107017	
- Feeti				Suite, Apt. #, Etc.		****375.00	****375.00	
	and the second of the second o		a ta a sana ana ana an an an an an an an an an a	City		State	Zip Code	
10. I, being	appointed the registered agent of the a	bove named corpo	ration, am familiar wi	th and accept the ob	ligations of Section	n 607.0505, F.S.		
Signature of Registered /	www. White	NEGISTERED AG	ENT MUST SIGN	ANYA M. VILLA	State -	Dess	96	
11. Do De	es this corporation pay pt. of Revenue under S	any intang . 199.032,	ible tax to th Florida Stati	e utes. Yes [(See other side	e for information	
12. I certify I this reins owed by	that I am an of cer or director or the rec statement application, the reason for dis the corporation have been paid and the application is true and accurate, and my	eiver or trustee on solution has been names of individe	npowered to execute eliminated, the corpo	this application as prorate name satisfies to	ovided for in chap he requirements o			
			7					

SIGNATURE:



ED 11-4-96 (60)

(601) 643-2697-11