FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500006106 (7)

CYBERTRON, INC.

Princ	lpa!	Place	of	Business

Mailing Address

3436 HIGHWAY 45 N MERIDIAN MS 39301 3436 HIGHWAY 45 N

FILED May 09 1997 8:00am Secretary of State



MERIDIAN MS	39301	MERIDIAN MS 39301-1509									
						3. Date Incorporated or Qualified 12/14/1995	3a. Da	te of La 20/199		port	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For				
21		26				64-0868215			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	sd \$8.75 Additional Fee Required					
City & State	State City & State					Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing \$5.00 Me Trust Fund Contribution Added to F				
Zip	Country	Zip	Cor	intry		8. This corporation has liability for in	ntangible	tax unc	der s.	199.032,	
24	25	29	30			Florida Statutes	Yes [] No			
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Reg	jistered #	lgent			
	CORPORATION SYSTEM			81 Name							
	SOUTH PINE ISLAND ROAD			82	Street /	Address (P.O. Box Number is Not Acceptable)					
PLAI	NTATION FL 33324			83							
				84	City	<u> </u>		85	Zip Ci	ode	
44 Pursuant	to the provisions of Sections 607 0603	and 607 1509 Florida Statu	toc the a	hove	- Damad	corporation submits this statement for the p	LITOPPO OF	chann	inc. ite	registered	
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was tions of, Section 607.0505, F	authorize Iorida Sta	d by tutes	the corp 3.	corporation submits this statement for the p poration's board of directors. I hereby accep	t the appo	charry	nt as re	egistered	
SIGNATURE	Signature, typod or printed name of registered age:		TE: Rog stere	d Age	nt signature	required when reinstating)	DAIŁ				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	PD	☐ DELETE	1.1 11		ļ			Cha	inge	Addition	
NAME	HOLLADAY, F E		1.2 N	AME							
STREET ADDRESS	3436 HIGHWAY 45 N		135	IREET	ADDRESS						
CITY-ST-ZIP	MERIDIAN MS 39301	- Bhilter			T-ZIP			60 S		f - 1	
TITLE	DV STORY	DELETE	2.1 TI			V		X) Cha	nge	Addition	
NAME	EASTWOOD, STEVEN M 3438 HIGHWAY 45 N		2.2 N								
STREET ADDRESS	MERIDIAN MS 39301		1		ADDRESS					†	
CITY-ST-ZIP TITLE	DST	DELETE	3.170		S1 - Z(P			[] Cha	nne	Addition	
NAME	HOLLADAY, CLAY E	CT occur	3.2 N		ĺ			L3 0110	gぐ	€	
STREET ADDRESS	3436 HIGHWAY 45 N				ADORESS					İ	
CITY-ST-ZIP	MERIDIAN MS 39301				ADORLOS ST-ZIP					ļ	
TITLE	DV	X DELETE	4.111		21 - 411			Cha	inge	Addition	
NAME	EUBANKS, RONALD		4.21		İ				-		
STREET ADDRESS	648 S. PERRY STREET		4.3 S	IREET	ADDRESS					ļ	
CITY-ST-ZIP	MONTGOMERY AL 36104				T-71P					ļ	
TITLE	100000000000000000000000000000000000000	DELETE	5.1 1			DV		Cha	inge	Addilion	
NAME			5.2 N	AME		ANN S. HOLLADAY				Ĭ	
STREET ADDRESS			5.3 \$	REET	ADORESS	3436 HIGHWAY 45 NORTH					
CITY-ST-ZIP			5.4 C	1Y-S	1-2IP	MERIDIAN MS 39301					
TITLE		☐ DELETE	6.1 71	TLE		and a second department of the contract of the contract of the second of		Cna	nge	Addition	
NAME	t in		6.2 N	AME						:	
STREET ADDRESS	73 g		6.3 S	REET	ADDRESS						
CITY-ST-ZIP			64C	TY-S	1- <i>7</i> IP						

I do 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 suppliemental 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 changes, or on a state-thing with an address.

CIONATURE

Steven M. Eastwoo

4/20/0

(601) 602 2664