

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001173 (1)

1. Corporation Name
HIGH LEAH ELECTRONICS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1455
OAKRIDGE OR 97463

P.O. BOX 1455
OAKRIDGE OR 97463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 76433 Alder St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Oakridge, OR

28

Zip

Country

Zip

Country

24 97463

25

USA

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

03/07/1996

4. FEI Number

Applied For

93-0927788

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIFF, GERALD

~~7427 1/2 US HWY 40~~
~~NEWPORT RICHEY FL 34652~~

7150 Congress
Newport Richey FL
34653

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-18-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME GIBSON, GUY P
STREET ADDRESS 76433 ALDER ST
CITY-ST-ZIP OAKRIDGE OR 97463

TITLE DP ☐ DELETE

NAME TAYLOR, RUSSELL G
STREET ADDRESS 76433 ALDER ST
CITY-ST-ZIP OAKRIDGE OR 97463

TITLE DS ☐ DELETE

NAME TAYLOR, BARBARA J
STREET ADDRESS 76433 ALDER ST
CITY-ST-ZIP OAKRIDGE OR 97463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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

SIGNATURE REQUIRED

7-18-97

CR2E034 (4/97)