

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G03833** (2)

1. Corporation Name

**SPECTRUM SCIENCES & SOFTWARE, INC.**



Principal Place of Business

**242 VICKI LEIGH RD  
FT WALTON BCH FL 32547  
US**

Mailing Address

**% DONAL R MYRICK  
511 CIRCLE DR  
FT WALTON BCH FL 32548-3927  
US**

3. Date Incorporated or Qualified  
**10/08/1982**

3a. Date of Last Report  
**06/21/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**59-2227545**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

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**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYRICK, DONAL R  
511 CIRCLE DRIVE  
FT WALTON BEACH FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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**Zip Code  
32548**

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

*Donal R. Myrick*  
Signature, typed or printed name of registered agent and, if applicable,

**Donal R. Myrick**

(NOTE: Registered Agent signature required when reinstating)

**02-09-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD**

☐ DELETE

NAME

**MYRICK, DONAL R**

STREET ADDRESS

**511 CIRCLE DR**

CITY - ST - ZIP

**FT WALTON, FL 00000**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

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:

*Donal R. Myrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donal R. Myrick**

**02-09-96**

Date

**(904)862-3031**

Daytime Phone #

CR2E034 (12/95)