

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **G56716** (5)

1. Corporation Name

**MICRON SEMICONDUCTOR, INC.**

Principal Place of Business

% IAN D. CRAWFORD  
126 BAYWOOD AVE.  
LONGWOOD FL 32750

Mailing Address

% IAN D. CRAWFORD  
126 BAYWOOD AVE.  
LONGWOOD FL 32750

2. Principal Place of Business

21 **478 East Altamonte Drive**

Suite, Apt. #, etc.

22 **Suite 108-570**

City & State

23 **Altamonte Springs, FL**

Zip

24 **32701**

County

25 **USA**

2a. Mailing Address

26 **478 East Altamonte Dr.**

Suite, Apt. #, etc.

27 **Suite 108-570**

City & State

28 **Altamonte Springs, FL**

Zip

29 **32701**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PURSLEY, BRIGITTE C**  
126 BAYWOOD AVE  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/25/1983**

4. FEI Number

**59-2356129**

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILBURN, COLIN D**

STREET ADDRESS **144 OLD FT. RD.**

CITY-ST-ZIP **W. SUSSEX, G. UK**

TITLE **D** ☐ DELETE

NAME **LUCAS, ANTHONY D**

STREET ADDRESS **6 BROMFORD CLOSE**

CITY-ST-ZIP **OXTED SURREY, G. UK**

TITLE **VP** ☐ DELETE

NAME **PURSLEY, BRIGITTE C**

STREET ADDRESS **126 BAYWOOD AVE**

CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**200002615422**

**-08/13/98--01031--020**

**\*\*\*150.00**

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.

SIGNATURE:

*Brigitte A. Pursley*

**7/31/98**

**407-339-4365**

CR2E034 (5/98)

FILED  
Aug 11 1998 8:00am  
Secretary of State



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## MICRON SEMICONDUCTOR INC.

478 East Altamonte Drive, Suite 108-570, Altamonte Springs, Florida 32701-4615. USA

OFFICE Tel: 407-421-5977 Fax: 407-260-1732 E-Mail: micron@maglnet.net

WORKS FREE PHONE

Tel: 1-800-455-1555 Ext 55252 Fax: 1-800-455-1555 Ext 54155

July 31, 1998

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations

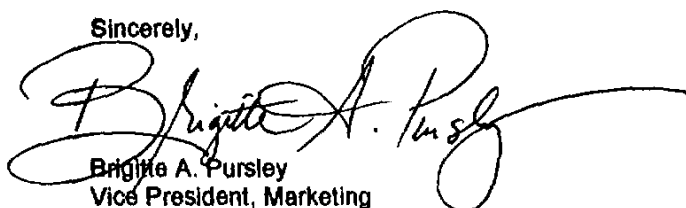
To whom it may concern,

This letter will serve to inform you that Micron Semiconductor Inc., has not received any notice other than the 2<sup>nd</sup> notice for filing. We phoned your office upon receiving this 2<sup>nd</sup> notice and were told that there is a glitch in the computer system. We were advised to submit a letter explaining the error along with the original \$150 fee.

We now believe this same error occurred last year and unknowingly, we paid the \$550 penalty fee. For the past 13 years, we have sent our filing in promptly. Unfortunately, we did not phone last year, and regrettably so. We could not understand how such an error had occurred on our part, but thought that we had made a grave oversight and never phoned, and no one ever notified us from your office of the computer glitch. This year, we carefully looked through the mail to obtain our filing report, however; the 1<sup>st</sup> notice was not received until July in the form of a 2<sup>nd</sup> notice.

Enclosed is a check for \$150 as agreed. If you have any questions or require further information, please contact me at the above office phone number or e-mail address. Thank you for your cooperation.

Sincerely,

  
Brigitte A. Pursley  
Vice President, Marketing

