FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:59

DOCUMENT # H13704 (2)

1. Corporation Name
GLIDDEN ELECTRONICS, INC.

Principal Place of Business	Mailing Address
615 W TAYLOR ROAD DELAND FL 32720	615 W TAYLOR ROAD DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/18/1984	05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 29
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-2447656 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GLIDDEN, JAMES B.
106 HORSESHOE BEND
DELEON SPRINGS FL 32028

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	1.1 TITLE	V.P. FINANCE	☐ Change ☒ Addition
NAME	GLIDDEN, JAMES B.	1.2 NAME	JOSEPH W. GUANOW II	
STREET ADDRESS	106 HORSESHOE BEND	1.3 STREET ADDRESS	2644 MAGNOLIA RD	
CITY-ST-ZIP	DELEON SPRINGS FL	1.4 CITY-ST-ZIP	DELAND FL 32720	
TITLE	AST	2.1 TITLE		☐ Change ☐ Addition
NAME	GLIDDEN, JOAN	2.2 NAME		
STREET ADDRESS	106 HORSESHOE BEND	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WANDS, THOMAS F	3.2 NAME		
STREET ADDRESS	115 LAKE WINNEMISSETT DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MASTER, JOSEPH J	4.2 NAME		
STREET ADDRESS	505 E NEW YORK AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNETT, STEPHEN T	5.2 NAME		
STREET ADDRESS	STETSON UNIVERSITY BUSN	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CURACIO, VINCE	6.2 NAME	TOM HUNT	
STREET ADDRESS	50 FIREFALL CT #600	6.3 STREET ADDRESS	3818 EAST KACHINA	
CITY-ST-ZIP	THE WOODLANDS TX	6.4 CITY-ST-ZIP	PHOENIX, AZ 85044	

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)(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: Joseph W. Guanow II JOSEPH W. GUANOW II 6/5/95 (904) 738-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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