

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H39847

1. Corporation Name
MICROWAVE SYSTEMS, INC.

Principal Place of Business

1181 SPENCER LN
JACKSONVILLE FL 32259
US

Mailing Address

PO BOX 23841
JACKSONVILLE FL 32241-3841
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90003 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1985

4. FEI Number

59-2474437

Applied For

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 50 N. Laura Street

Suite, Apt. #, etc.

22 Suite 3100

City & State

23 Jacksonville, Florida

Zip

24 32202

Country

25 USA

2a. Mailing Address

26 P.O. Box 4548

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Florida

Zip

29 32201-4548

Country

30 USA

9. Name and Address of Current Registered Agent

BRANT, PHILIP E., JR.
1181 SPENCER LANE
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name

William P. Brant

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

Brant, Moore, Macdonald & Wells, P.A.

83

50 N. Laura Street, Suite 3100

84 City

Jacksonville

85 State

FL

Zip Code

32202

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BRANT, PHILIP E., JR.
1181 SPENCER LANE
JACKSONVILLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
Gregory G. Walski
59 S. Saint Andrews Drive
Jacksonville, FL 32174

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD
Charles F. Becky, Jr.
1660-5 Beach Avenue
Atlantic Beach, FL 32233

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
TSD
William P. Brant
1365 Caddell Drive
Jacksonville, Florida 32217

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

904-396-5525

Daytime Phone #

CR2E034 (11/98)