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 MAY -1 AM 8:52

DOCUMENT # **H73739** **(5)**

1. Corporation Name
SCANDIA TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~C/O CHARLES MORTENSEN~~ 2051 SUNNYDALE BLVD. CLEARWATER FL 34625	~~C/O CHARLES MORTENSEN~~ 2051 SUNNYDALE BLVD. CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~08/30/1985~~ 5/3/94
3a. Date of Last Report: ~~01/21/1994~~ N/A

2. Principal Place of Business	2a. Mailing Address
21 2051 Sunnydale Blvd.	26 2051 Sunnydale Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida
Zip / County 24 34625 / 25 Pinellas	Zip / County 29 34625 / 30 Pinellas

4. FEI Number: 22-2641441 ☐ 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	10. Name and Address of New Registered Agent
MORTENSEN, CHARLES 29 PINEWOOD CR SAFETY HARBOR FL 34695	81 Name: Gary M. Miller 82 Street Address (P.O. Box Number is Not Acceptable): 2051 Sunnydale Boulevard 83 84 City: Clearwater FL 85 Zip Code: 34625

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] Gary M. Miller May 11, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	ST	☐ Change ☒ Addition
NAME	MORTENSEN, CHARLES	12 NAME	Craig Schnee	
STREET ADDRESS	29 PINEWOOD CR	13 STREET ADDRESS	101 N. Queen Street	
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	Lancaster, PA 17604	
TITLE	DV	21 TITLE	P	☐ Change ☒ Addition
NAME	MORTENSEN, CHARLES E.,JR	22 NAME	Gary M. Miller	
STREET ADDRESS	518 OLD OAK CIRCLE	23 STREET ADDRESS	504 Walker Road	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	Stephen L. Gurba	
STREET ADDRESS		33 STREET ADDRESS	2938 Elysium Way	
CITY-ST-ZIP		34 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE		41 TITLE	V	☒ Change ☐ Addition
NAME		42 NAME	Charles E. Mortensen,Jr.	
STREET ADDRESS		43 STREET ADDRESS	518 Old Oak Circle	
CITY-ST-ZIP		44 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1	
CITY-ST-ZIP		64 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)(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] Gary M. Miller 4-28-95 (813) 442-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360219 CP