

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:55

DOCUMENT # H84101 (5)

1. Corporation Name

CHM ELECTRONICS INC.

Principal Place of Business

5702 GULFPORT BLVD.
GULFPORT FL 33707

Mailing Address

5702 GULFPORT BLVD.
GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1985	3a. Date of Last Report 01/20/1994
4. FTT Number 59-2614451	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Election Fund Contribution ☐	\$5.00 May Be Added to Fines
7. This corporation has liability for information tax under 11-1101 (C.F.R.) Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

AMITRANO, ANN
8400 4TH ST. N.
ST. PETERSBURG FL 33702

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 607.1503, 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 607.0502, Florida Statutes.

SIGNATURE:

(Signature required for first report of registered agent and first report of change)

(Signature required for subsequent reports of change)

(Signature required for change of agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	TD
NAME	MCKNIGHT, CHARLES H., JR
STREET ADDRESS	5810 21ST AVE. S.
CITY, ST, ZIP	GULFPORT FL
TITLE	PVD
NAME	MCKNIGHT, JANET E.
STREET ADDRESS	5810 21ST AVE. S.
CITY, ST, ZIP	GULFPORT FL
TITLE	SD
NAME	COOK, JANET A.
STREET ADDRESS	1642 DRAYTON WOODS DR. See 13
CITY, ST, ZIP	TUCKER GA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	513
2. NAME	COOK, JANET A.
3. STREET ADDRESS	307 WYNHOLLOW TRACE #7
4. CITY, ST, ZIP	NORCROSS, GA 30071
5. NAME	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the information stated in law under 11-1101 (C.F.R.) 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles H. McKnight Jr

1/11/95 813-345-1009