

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # J41506

(3)

95 JUN 13 AM 9:07

1. Corporation Name

INTELLON CORPORATION

Principal Place of Business

Mailing Address

5100 W SILVER SPRINGS BLVD
OCALA FL 32675
US

5100 W SILVER SPRINGS BLVD
OCALA FL 32675
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/03/1986

04/20/1994

4. FEI Number

59-2744155

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34482

25

29 34482

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDER MEY, JAMES E.
5100 SILVER SPRINGS BOULEVARD
OCALA FL 34482**

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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	VANDER MEY, JAMES E.
STREET ADDRESS	9501 N.W. HWY. 328
CITY - ST - ZIP	OCALA FL.
TITLE	VP
NAME	VANDER MEY, TIMOTHY J.
STREET ADDRESS	4047 SE 3RD ST
CITY - ST - ZIP	OCALA FL
TITLE	VP
NAME	CORBETT, HARRY J.
STREET ADDRESS	2910 SE 25TH TERR
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	VANDER MEY, DAVID A.
STREET ADDRESS	15 OLD MILFORD ROAD
CITY - ST - ZIP	AMHERTS NH
TITLE	VP
NAME	DELANEY, JOSEPH F
STREET ADDRESS	3828 NE 19TH ST CIR
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	CD	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
21. TITLE		☒ Change ☐ Addition
22. NAME	DELETE	
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE	DELETE	☒ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE	DELETE	☒ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE	SA PD	☐ Change ☒ Addition
62. NAME	JAMES E DYKES	
63. STREET ADDRESS	13365 NE 226 AVENUE RD	
64. CITY - ST - ZIP	SALT SPRINGS, FL 32134	

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)(k), 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 person or the person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

JAMES E DYKES

6/8/95

904-237-7416

J41506

**INTELLON CORPORATION
1995 ANNUAL REPORT
FEI # 59-2744155**

BLOCK 13. ADDITIONS TO OFFICERS AND DIRECTORS IN BLOCK 12

V

**William Earnshaw
2355 52nd Terrace
Ocala, Florida 34471**

V

**Eric Buffkin
1745 Dormont Lane
Orlando, Florida 32804**

V

**John Teegen
13365 NE 226 Avenue Road
Salt Springs, Florida 32134**

D

**Charles E. Harris
1030 N. Orange Ave. Suite 300
Orlando, Florida 32801-1031**

D

**Robert. C. Ketterson
82 Devonshire Street, R25D
Boston, MA 02109-3614**

D

**William O'Meara
1778 McCarthy Blvd.
Milpitas, CA 95035**

D

**Walter J. Gill
4662 Alpine Road
Portola, Valley, CA 94028**

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
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 16 AM 9:00

DOCUMENT # J41507 (1)

1. Corporation Name

3252 CORP.

Principal Place of Business

**1212 HARDEE ROAD
CORAL GABLES FL 33146**

Mailing Address

**1212 HARDEE ROAD
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2741345

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

7. This corporation has liability for intangible tax under s. 190.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ANNINOS, NICK
1212 HARDEE ROAD
CORAL GABLES FL 33146**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ECONOMIDES, CHRISTOPHER
1668 MICONOPY AVENUE
COCONUT GROVE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
DEMBALA, GREGORY G.
18 BARKERS POINT ROAD
SANDS POINT NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
ANNINOS, NICK
1212 HARDEE RD.
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Nick Anninos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/95

Date

305-667-3905

Telephone Number