

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J41506** (3)

1. Corporation Name
INTELLON CORPORATION

Principal Place of Business
**5100 W SILVER SPRINGS BLVD
OCALA FL 34482
US**

Mailing Address
**5100 W SILVER SPRINGS BLVD
OCALA FL 34482
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1986	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2744155	Applied For ☐ Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent DAVIS, CAROLINE T 5100 SILVER SPRINGS BOULEVARD OCALA FL 34482				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	☐ DELETE		1.1 TITLE	☐ Change ☒ Addition		
NAME	VANDER MEY, JAMES E.			1.2 NAME	HORST G. SANDFORT		
STREET ADDRESS	9501 N.W. HWY. 326			1.3 STREET ADDRESS	5100 W SILVER SPRINGS BLVD		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	OCALA, FL 34482		
TITLE	PD	☒ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	DYKES, JAMES E			2.2 NAME			
STREET ADDRESS	13365 NE 226TH AVE RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SALT SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	EARNSHAW, WILLIAM			3.2 NAME			
STREET ADDRESS	2355 52ND TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	BUFFKIN, ERIC			4.2 NAME			
STREET ADDRESS	1745 DORMONT LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 supplement to 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] 04/08/98

(352) 237-7411

CR2E034 (10/97)