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PROFIT CORPORATION ANNUAL REPORT

1997

information indicated on this at Lam an officer or director of the appears in Block 12 or Block 1

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J89326

(9)

T-C-M ELECTRONICS, INC. Principal Place of Business Mailing Address 1918 BLANDING BLVD 1918 BLANDING BLVD JACKSONVILLE FL 32210 P O BOX 7923 JACKSONVILLE FL 32210-3202 3a. Date of Last Report 3. Date Incorporated or Qualified 08/26/1987 04/03/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-284 1373 21 SAME AS SAME. Not Applicable 26 Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be JACKSONVIIIE Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, 32210 Yes 🔲 No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAY, RICHARD H. 431 STONE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073 B3** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative digital in printed native of registeren agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. Change 1.1 TITLE Addition TITLE WESTERMAN, ALAN G. 1.2 NAME NAME 5332 JAMAZON AVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 14 CITY-ST-ZIP CITY ST DELETE PRECIDENT Change Addition 21 TITLE TITLE RICHARD & COFFMAN COFFMAN, RICHARD E 22 NAME NAME 6454 BARTHOLF AVE 6454 BARTHOLF AVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 322*10* 2 4 CITY-ST-ZIP CITY - ST - ZIE DELETE Change Addition TIT: F 3.1 TITLE ROBERT E. GIDRUMB GIDCOMB, ROBERT E NAME 3.2 NAME 4352 VICKSBURG AVE 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CHY-ST-ZP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CHY-ST-209 DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS OITY - ST- ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP DITY-S7-202 14. I do hereby certify that the information supplied with this hiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

nual 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 corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of cylinged, or on an appoint with a address.