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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J89326

(9)

T-C-M ELECTRONICS, INC.

FILED
Apr 23 1998 8:00am
Secretary of State

TOWN.	ELECTIO	MICS, 114C.						
Principal Plac	e of Busines	5	Mailing	Address				- 1 2001/10 0101 10715 10710 10110 0110 0101 0101
1918 BLANDII JACKSONVILI	NG BLVD		1918 BL P O BC	1918 BLANDING BLVD P O BOX 7923				
U\$			JACKSONVILLE FL 32210 US				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 08/26/1987
2. Principal P		ness	26					4, FEI Number Applied For 59-284 1373 Not Applicable
Suite, Apt. #, etc.			27					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			— ¬	City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution L Added to Fees	
Zip 24		Country 25	Zip			intry	,	8. This corporation owes or has paid the current year Intangible
24	o Name	and Address of Cur	29 rent Registered	Agent	30			Personal Property Tax due June 30. Yes No
MA	Y, RICHAR					81	Name	IV. Harris and Addition of Hour Hogistica Agent
	1 STONE A							
ORANGE PARK FL 32073						82	Street Add	lress (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 applica	able (NOI	IL: Registere:	d Age	nt signature requi	rod when reinstating) DATE
12.			AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			DELETE	1.1 Ti	TLE		Change Addition
NAME		AN, RICHARD E			1.2 N/	AME		
STREET ADDRESS		ARTHOLF AVE			1.3 ST	TREET	ADDRESS	
CITY-ST-ZIP	JACKSC	NVILLE FL			1.4 CI	TY-\$	T-ZIP	
TITLE	V			L_J DELETE	2.1 TI	TLE		Change Addition
NAME .		IB, ROBERT E			2.2 N/	AME		
STREET ADDRESS		CKSBURG AVE			2.3 ST	REET	ADDRESS	·
CITY-ST-ZIP	JACKSC	NVILLE FL					31 - ZIP	
TITLE				L_ DELETE	3.1 TF			Change Addition
NAME				1	3.2 NA			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE			ST-ZIP	☐ Change ☐ Addition
NAME				T WILL	4.1 10		* * • •	
STREET ADDRESS					4. 2 N		2020001	
							ADDRESS	
CITY-ST-ZIP TITLE				DELETÉ .	4.4 CI		1-211/	☐ Change ☐ Addition
NAME	,				5.2 NA		1	
STREET ADDRESS	i.						ADDRESS	
CITY-ST-ZIP					5.4 CI		Į.	
TITLE		······································		DELETE	6.1 TIT			☐ Change ☐ Addition
NAME	1				6.2 NA	ME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					6.4 CF		1	

14. Thereby 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 suppliemental annual groot 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 corpolation or the receiver of this 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 corpolation or the receiver of 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 a readdress.