FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K00396** **(7)**

1. Corporation Name

ETRON, INC.

Principal Place of Business

% WILLIAM T. INGRAM. SR.
11120 S.E. FEDERAL HWY.
HOBE SOUND FL 33455

Mailing Address

% WILLIAM T. INGRAM. SR.
11120 S.E. FEDERAL HWY.
HOBE SOUND FL 33455

3. Date Incorporated or Qualified: **11/04/1987**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **65-0009383** — 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
21
Street Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o William T. Ingram Jr
Street Apt. #, etc.
27
City & State
28
Zip 29 Country 30 Martin

9. Name and Address of Current Registered Agent

INGRAM, WILLIAM T., SR.
11120 S.E. FEDERAL HWY.
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name: William T. Ingram Jr
82 Street Address (P.O. Box Number is Not Acceptable): 11130 SE FEderal Hwy
83
84 City: Hobe Sound **FL** 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: William T. Ingram Jr — 2-14-96 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	SMITH, IRENE S.	
STREET ADDRESS	120 LAKESHORE DRIVE	
CITY, ST, ZIP	N. PALM BEACH FL	
TITLE	VPD	☐ DELETE
NAME	SMITH, TILLMAN B.	
STREET ADDRESS	120 LAKESHORE DRIVE	
CITY, ST, ZIP	N. PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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 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: Irene S. Smith, President — 03/24/96 (DATE) — (407) 546-4486 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENE S. SMITH

CR2E034 (12/95)