FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

9 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10598** **(5)**

1. Corporation Name
AXON CIRCUIT, INC.

Principal Place of Business	Mailing Address
424 WARE BLVD TAMPA FL 33619	424 WARE BLVD TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/21/1989**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2293807** ☐ 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

9. Name and Address of Current Registered Agent

SANGHANI JAYAN
AXON CIRCUIT INC
424 WARE BLVD
TAMPA FL 33619

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PATEL, CHANDRAKANT	12 NAME		
STREET ADDRESS	1905 PRINCETON LAKES DR. #2101	13 STREET ADDRESS		
CITY ST ZIP	BRANDON FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	SANGHANI, JAYAN	22 NAME		
STREET ADDRESS	11504 LAKE RIDGE RD.	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	BAKARANIA, KANTI	32 NAME	DELETE	
STREET ADDRESS	1001 LOCHMONT DR.	33 STREET ADDRESS		
CITY ST ZIP	BRANDON FL	34 CITY ST ZIP		
TITLE	T	41 TITLE	VTD	☒ Change ☐ Addition
NAME	PATEL, SURESH	42 NAME		
STREET ADDRESS	309 PROVIDENCE RD, #102	43 STREET ADDRESS		
CITY ST ZIP	BRANDON FL	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	PATEL, AMRISH	52 NAME		
STREET ADDRESS	1052 AXLE WOOD CIR	53 STREET ADDRESS		
CITY ST ZIP	BRANDON FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: CHANDRA KANT PATEL 4-26-95 (813)623.5200
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0299402 CP