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Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PATEL, CHANDRAKANT		1.2 NAME		
STREET ADDRESS	1905 PRINCETON LAKES DR. #2101		1.3 STREET ADDRESS	2341 Valrico Forest Dr.	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Valrico, Fl. 33594	
TITLE	SD	☐ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SANGHANI, JAYAN		2.2 NAME		
STREET ADDRESS	11504 LAKE RIDGE RD.		2.3 STREET ADDRESS	2015 Bell RAch St.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Brandon, Fl. 33511	
TITLE	VTD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PATEL, SURESH		3.2 NAME		
STREET ADDRESS	309 PROVIDENCE RD, #102		3.3 STREET ADDRESS	2533 Regal Rd.	
CITY-ST-ZIP	BRANDON FL		3.4 CITY-ST-ZIP	VAlrico, Fl. 33594	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATEL, AMRISH		4.2 NAME		
STREET ADDRESS	1052 AXLE WOOD CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME			5.2 NAME	Richard A. Roberts	
STREET ADDRESS			5.3 STREET ADDRESS	101 E. Kennedy Blvd. Suite 2125	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, Fl. 33602	
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		

CR2E034 (10/97)

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 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: Chandrakant Patel 4-1-98 813-623-5200