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

95 MAY 26 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001504375
-06/02/95--01026--009
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L 15232

1. Corporation Name: Applied Manufacturing Concepts, Inc.

Principal Place of Business / Mailing Address: 550 Gus Hipp Blvd, Suite 8, Rockledge, Fl 32955

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 550 Gus Hipp Blvd
Suite, Apt #, etc
22 Suite 8
City & State
23 Rockledge, Fl
Zip 24 32955 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2965198 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Ackerman, John J.
550 Gus Hipp Blvd.
Suite 8
Rockledge, Fl 32955

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 resigning

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	D/S/T
NAME	Pandya, Sumant, J.
STREET ADDRESS	295 N. Drive #1
CITY ST ZIP	Melbourne, Fl
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PM/T/S/C/M ☒ Change ☐ Addition
12 NAME	Ackerman, John J.
13 STREET ADDRESS	550 Gus Hipp Blvd, Suite 8
14 CITY ST ZIP	Rockledge, Fl 32955
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	Delete
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	5/26/95
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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: X John Ackerman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/12/95
Daytime Phone #: 407-631-3315