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 -1 AM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L87282** **(4)**

1. Corporation Name
GATOR CIRCUITS, INC.

Principal Place of Business
12900 MAPLETON CT
BOCA RATON FL 33428

Mailing Address
12900 MAPLETON CT
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 25

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

4. FEI Number: **65-0208045** ☐ 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/has not elected to be taxed as an "S" corporation under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLE, THOMAS W.
12900 MAPLETON CT
BOCA RATON FL 33428

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 TITLE	D	91 TITLE	☐ Change ☐ Addition
92 NAME	WILLE, THOMAS W.	92 NAME	
93 STREET ADDRESS	12900 MAPLETON CT	93 STREET ADDRESS	
94 CITY, ST, ZIP	BOCA RATON FL	94 CITY, ST, ZIP	
01 TITLE		01 TITLE	☐ Change ☐ Addition
02 NAME		02 NAME	
03 STREET ADDRESS		03 STREET ADDRESS	
04 CITY, ST, ZIP		04 CITY, ST, ZIP	
11 TITLE		11 TITLE	☐ Change ☐ Addition
12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY, ST, ZIP		14 CITY, ST, ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY, ST, ZIP		24 CITY, ST, ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 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 above, or on an attachment with an address.

SIGNATURE: Thomas W. Wille — 3/1/95 — (407) 451-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436884 FP