

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L93554** (8)

1. Corporation Name
CIRCUIT INDUSTRIES, INC.

Principal Place of Business
**3465 GARDEN ST
TITUSVILLE FL 32786**

Mailing Address
**3465 GARDEN ST
TITUSVILLE FL 32786-3008**



2. Principal Place of Business

21 **3666 S. Hopkins Ave.**

Suite, Apt. #, etc.

22 City & State

23 **Titusville, Fl. 32780**

Zip Country **USA**

24 **32780**

25 **32780**

2a. Mailing Address

26 **3666 S. Hopkins Ave.**

Suite, Apt. #, etc.

27 City & State

28 **Titusville, Fl. 32780**

Zip Country **USA**

29 **32780**

30 **32780**

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0218882

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

**RICHARDSON, JAMES
3465 GARDEN ST
TITUSVILLE FL 32786**

10. Name and Address of New Registered Agent

81 Name

Shelden J Richardson

82 Street Address (P.O. Box Number is Not Acceptable)

1425 Hardy St.

83

84 City

Titusville,

FL

85 Zip Code

32780

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 **Shelden J. Richardson**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/97

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **RICHARDSON, SHELDEN**

STREET ADDRESS **1425 HARDY ST**

CITY - ST - ZIP **TITUSVILLE FL 32780**

TITLE **DST** ☐ DELETE

NAME **RICHARDSON, SHELDEN JOHN**

STREET ADDRESS **1425 HARDY ST**

CITY - ST - ZIP **TITUSVILLE FL**

TITLE **DV** ☐ DELETE

NAME **RICHARDSON, JAMES LOUIS**

STREET ADDRESS **4840 SANTA ROSA AVENUE**

CITY - ST - ZIP **TITUSVILLE 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

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 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: **Shelden J. Richardson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-97

CR2E034 (9/96)