

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L96139** (5)

1. Corporation Name:  
**TUCKER-DAVIS TECHNOLOGIES, INC.**



Principal Place of Business: **4550 NW 6TH ST. GAINESVILLE FL 32609 US**  
Mailing Address: **4550 NW 6TH ST. GAINESVILLE FL 32609 US**

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

3. Date Incorporated or Organized <b>08/23/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3025553</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TUCKER, TIMOTHY J.  
4550 NW 6TH ST.  
GAINESVILLE FL 32609**

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 607.002 and 607.1505, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.002, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETED
NAME	<b>P TUCKER, TIMOTHY</b>
STREET ADDRESS	<b>2215 NW 9TH PL</b>
CITY, ST, ZIP	<b>GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
15 NAME	<b>Secretary Christine M. Tucker</b>
16 STREET ADDRESS	<b>2215 NW 9th PL</b>
17 CITY, STATE, ZIP	<b>Gainesville, FL 32605</b>
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct 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 trust so empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change is on an addition and with an address.

SIGNATURE: *Christine M. Tucker* **Christine M. Tucker** 3-27-96 352/375-1623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)