

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90136 014 \*\*\*150.00

DOCUMENT # M68290

1. Corporation Name  
ACME DYNAMICS, INC.

Principal Place of Business

3608 SYDNEY RD  
P O BOX 1780  
PLANT CITY FL 33564-1780

Mailing Address

3608 SYDNEY RD  
P O BOX 1780  
PLANT CITY FL 33564-1780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1988

4. FEI Number  
59-2871798

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 the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

~~MANEE, ROBERT G.~~  
~~2804 WEDGEWOOD DR.~~  
~~PLANT CITY FL 33567~~

10. Name and Address of New Registered Agent

81 Name MURPHY, JOSEPH A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4615 GENTRICE DR.  
83  
84 City VALRICO FL 85 Zip Code 33594

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

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

JOSEPH A. MURPHY PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/20/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~ ☒ DELETE  
NAME ~~MANEE, ROBERT G.~~  
STREET ADDRESS ~~2804 WEDGEWOOD DR.~~  
CITY-ST-ZIP ~~PLANT CITY FL~~

TITLE ~~DS~~ ☒ DELETE  
NAME ~~MANEE, CAROLYN H.~~  
STREET ADDRESS ~~2804 WEDGEWOOD DR.~~  
CITY-ST-ZIP ~~PLANT CITY FL~~

TITLE ~~VPD~~ ☐ DELETE  
NAME MURPHY, JOSEPH A.  
STREET ADDRESS 4615 GENTRICE DR  
CITY-ST-ZIP VALRICO FL

TITLE ~~VPD~~ ☐ DELETE  
NAME IRWIN, CHRISTOPHER  
STREET ADDRESS 11404 ORILLA DEL RIO PL  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ~~D~~ ☐ DELETE  
NAME THARPE, MELVIN D.  
STREET ADDRESS 629 SE 28TH STREET, #17  
CITY-ST-ZIP MELROSE FL

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 PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE EXECUTIVE VICE PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VICE PRESIDENT, DIRECTOR ☒ 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 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, with all other like empowered.

SIGNATURE: JOSEPH A. MURPHY PRESIDENT

4/20/99 (813) 752-3137  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0381640

CR2F034 (11/98)