

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Moreham  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 FEB 21 AM 9:02**DOCUMENT # M76835 (1)**

1. Corporation Name

ROYAL ELECTRONICS OF FLORIDA, INC.

Principal Place of Business

3781 J NOVA ROAD  
PORT ORANGE FL 32119-4280

Mailing Address

3781 J NOVA ROAD  
PORT ORANGE FL 32119-4280

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/18/1988** 3a. Date of Last Report **05/01/1994**4. FEI Number **59-2880964** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

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29

30

9. Name and Address of Current Registered Agent

KING, STAN  
3781 J NOVA ROAD  
PT. ORANGE FL 32019

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS       | CITY - ST - ZIP |
|-------|----------------|----------------------|-----------------|
| DP    | KING, STAN     | 5856 HENSEL          | PT. ORANGE FL   |
| DV    | KING, KEITH E. | 444 CHAMPAGNE CIRCLE | PT. ORANGE FL   |
| ST    | KING, MARK     | 3756 LONG GROVE LANE | PORT ORANGE FL  |
|       |                |                      |                 |
|       |                |                      |                 |
|       |                |                      |                 |
|       |                |                      |                 |
|       |                |                      |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|-------------------------------------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Register Number