

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M79796** (2)

1. Corporation Name

SPACE COAST PRECISION, INC.



Principal Place of Business

% JOHN T. COMPTON
2870 KIRBY AVE. UNIT 7
PALM BAY FL 32905

Mailing Address

% JOHN T. COMPTON
2870 KIRBY AVE. UNIT 7
PALM BAY FL 32905

3. Date Incorporated or Qualified
05/09/1988

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **4450 Enterprise CT**

26 **4450 Enterprise CT**

4. FEI Number
59-2903138

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#1 E**

27 **#1 E**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Melbourne, FL**

28 **Melbourne, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32934**

25 **Brevard**

29 **32934**

30 **Brevard**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPTON, JOHN T.
2870 KIRBY AVE.
UNIT 7
PALM BAY FL 32905

81 Name **Compton John T.**
82 Street Address (P.O. Box Number is Not Acceptable)
4450 - Enterprise CT.
83 **Suite E**
84 City **Melbourne**

FL 85 Zip Code
32934

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 **John T. Compton**
(Signature, typed or printed name of registered agent and office, if applicable)

John T. Compton President **4/8/96**
(NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **COMPTON, JOHN T.**
CITY-ST-ZIP **305 LAKE VIEW LANE**
PALM BAY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ 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 119.07(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: **John T. Compton** **John T. Compton** **4/8/96** **407-259-8220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)