FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:57

DOCUMENT # **N18524** (1)

1. Corporation Name

PNEUMATICON CORPORATION

Principal Place of Business	Mailing Address
11570 SAN JOSE BLVD. P. O. BOX 2465 ORANGE PARK FL 32067	11570 SAN JOSE BLVD. P. O. BOX 2465 ORANGE PARK FL 32067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1986
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2875208 — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MOSS, JOHN B.
675 WELLS ROAD
ORANGE PARK FL 32073

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGLAUGHLIN, PHILLIP J.
STREET ADDRESS	5015 B CASTAWAY COVE
CITY ST ZIP	ST AUGUSTINE FL
TITLE	D
NAME	RAINER, CLIFFORD
STREET ADDRESS	1437 ROBERTS RD
CITY ST ZIP	SWITZERLAND FL
TITLE	STD
NAME	MCGLAUGHLIN, FLINT
STREET ADDRESS	177 N. ROSCOE BLVD.
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	WILSON, GEORGE M
STREET ADDRESS	8444 BARCELONA AVE
CITY ST ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	McGlaughlin, Phillip J.	
1.3 STREET ADDRESS	6204 South Creek Rd.	
1.4 CITY ST ZIP	Orange Park, FL. 32073	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME	McGlaughlin, Flint	
3.3 STREET ADDRESS	6433 River Point Rd	
3.4 CITY ST ZIP	Green Cove Springs, Fl 32073	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Wilson, George, M.	
4.3 STREET ADDRESS	1168 Grove Park Dr.	
4.4 CITY ST ZIP	ORANGE PARK, FL. 32073	
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		

REMITTED BY MAIL

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 617, 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 SIGNING OFFICER OR DIRECTOR

4/18/95 Date

(904) 292-9595 Daytime Phone #

0022480