

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

1996 DEC 23 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. M...  
Secretary  
OFFICE OF CORPORATIONS  
**96 APR**

DOCUMENT # N18524  
1. Corporation Name

Pneumaticon Corporation

Principal Place of Business

Mailing Address

11570 SAN JOSE BLVD

P.O. BOX 2564  
Orange Park  
FL 32067

2. Principal Place of Business

2a. Mailing Address

21 11570 San Jose Blvd

26 2564 (P.O. BOX)

22 Suite, Apt. #, etc.

22 # 11

23 City & State

23 Jacksonville, FL

24 Zip

24 32257

Country

25 USA

28 City & State

28 Orange Park

Zip

29 FL 32067

Country

30 USA

3. Date incorporated or Qualified

12/30/1986

3a. Date of Last Report

05/01/95

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

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

Moss, John B.  
675 Wells Road  
Orange Park, Florida  
32073

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 617.0502 and 617.1508, 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 617.0503, 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 STD  
NAME McGlaughlin, Flint  
STREET ADDRESS 6433 River Point Rd.  
CITY- ST- ZIP Green Cove Springs, FL

TITLE PD  
NAME McGlaughlin, Phillip J.  
STREET ADDRESS 6204 South Creek Rd.  
CITY- ST- ZIP Orange Park FL

TITLE D  
NAME Rainer, Clifford  
STREET ADDRESS 1437 Roberts Rd.  
CITY- ST- ZIP Switzerland FL

TITLE D  
NAME Wilson, George M.  
STREET ADDRESS 1168 Grove Park Dr  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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

Date

Daytime Phone #

CR2E037 (12/95)

pg 2 of 2

December 17, 1996

Attention: Annual Reports Department

[See attached envelope  
for address information.]

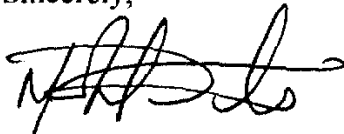
To Whom It May Concern:

We never received the initial reinstatement papers, in fact, we had to call and order them.

We went back and forth several times to make sure we had everything filled out right. By the time we finished that, it was past the due date. I talked to Amy Alan of the Reinstatement Division. She said that all we needed to do was to write this letter, and we would just have to pay the \$61.25.

Thank you for your time in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike Wilson', with a stylized, cursive script.

Mike Wilson