2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

DOCUMENT # P0000000497 1. Entity Name BRISTOW ELECTRONICS, INC.				The state of the s	Secret	ary of State
Principal Plac 819 S WALN STARKE, FL		Mailing Address 819 S WALNUT ST STARKE, FL 32091		1 In account to	er Malic Switz well wwi sanis Malis walling	### 11 (### 1800) #### 41 (###2
Е	O NOT WRITE		CE	04262004 4. FEI Numb 59-361	per	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
DRUMMAN, EA, DONALD L 103 EDWARDS ROAD STARKE, FL 32091			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FUCENCE TRYB Signature, typoid or printed name of registered agent and title it applicable NOTE Registered Agent signature required when reinstating) DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00			.00 May Be led to Fees	U00000137: 04/29/04-800	973 58-011 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GRYB, EUGENE 610 SW 186 TERRACE GAINESVILLE, FL 32607 VD GRYB, ALTHEA 610 SW 86 TERRACE	RECTORS				
CITY-SI-ZIP TITLE NAME SIREET AODRESS CITY-SI-ZIP	GAINESVILLE, FL 32607			· · · ·	NOT WRIT	}
NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SPAC	E
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby (certify that the information supplied with the	is filing does not qualify for the exe	mption stated in Se	action 119.07(3)	(I), Florida Statutas further c	actify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 thrut Bee empowered to expoure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an ettachment with adadress, with all other like empowered. SIGNATURE: **EUGENE** GIVB*** 4/28/04*** For 1964-4343*** **EUGENE*** GIVB**** 4/28/04**** For 1964-4343*** **EUGENE*** GIVB**** 4/28/04**** **Port 1964-4343**** **EUGENE*** GIVB***** **EUGENE*** GIVB**** **EUGENE*** **EUGENE*** **EUGENE*** **EUGENE*** **EUGENE*** **EUGENE*** **EUGENE*** **EUGENE** **EUGENE**						
		ITED NAME OF SIGNING OFFICER OR DIRECT	TOR		/Sale/	Daylane Phone #