

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90186 010 ***150.00

DOCUMENT # P06000112112

1. Entity Name
GENERAL DYNAMICS OTS (ORLANDO), INC.



Principal Place of Business
**11399 16TH COURT NORTH
STE 200
ST PETERSBURG, FL 33716**

Mailing Address
**11399 16TH COURT NORTH
STE 200
ST PETERSBURG, FL 33716**

66001169



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5189264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAMERON, DEL S
11399 16TH COURT NORTH
STE 200
ST PETERSBURG, FL 33716**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SAMERON, DEL S**
STREET ADDRESS **11399 16TH COURT NORTH - STE 200**
CITY-ST-ZIP **ST PETERSBURG, FL 33716**

TITLE **D, VP, Secretary** ☒ Change ☐ Addition
NAME **Dameron, Del S.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DAVITT, RICHARD P**
STREET ADDRESS **11399 16TH COURT NORTH - STE 200**
CITY-ST-ZIP **ST PETERSBURG, FL 33716**

TITLE **P&D** ☒ Change ☐ Addition
NAME **Richard P. Davitt**
STREET ADDRESS **4544 Highway 20E., Ste 201**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE **D** ☐ Delete
NAME **HALL, CHARLES M**
STREET ADDRESS **2941 FAIRVIEW PARK DR - STE 100**
CITY-ST-ZIP **FALLS CHURCH, VA 22042**

TITLE **VP** ☐ Change ☒ Addition
NAME **J. Roderick Chapman**
STREET ADDRESS **12444 Research Parkway**
CITY-ST-ZIP **Orlando, FL 32826-3225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **E** ☐ Change ☒ Addition
NAME **Evelyn L. Millam**
STREET ADDRESS **11899 16th Ct. N, Suite 200**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **David A. Sanner**
STREET ADDRESS **2941 Fairview Park Dr., Suite 100**
CITY-ST-ZIP **Falls Church, VA 22042-4513**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Asst. Secretary** ☐ Change ☒ Addition
NAME **Margaret N. House**
STREET ADDRESS **2941 Fairview Park Dr., Suite 100**
CITY-ST-ZIP **Falls Church, VA 22042-4513**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute 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 attachment with an address, with all other like empowered.

SIGNATURE:

Del S. Dameron

Del S. Dameron

1/8/07

727-578-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone