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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P12636** (7)
1. Corporation Name
MICRO AUDIOMETRICS CORPORATION



Principal Place of Business
**2200 S. RIDGEWOOD AVE.
U.S. #1
SOUTH DAYTONA FL 32119-3018**

Mailing Address
**2200 S. RIDGEWOOD AVE.
U.S. #1
SOUTH DAYTONA FL 32119-3018**

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
03/21/1996

4. FEI Number
02-0355307

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

**KELLER, KATHLEEN A.
2200 SOUTH RIDGEWOOD AVENUE
U.S. HIGHWAY #1
SOUTH DAYTONA 32119-0018**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLER, JAMES E. | |
| STREET ADDRESS | 207 S. BRIGHTON DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KELLER, KATHLEEN A. | |
| STREET ADDRESS | 207 S. BRIGHTON DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KELLER, THOMAS | |
| STREET ADDRESS | 4807 BARNACLE DR | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KELLER, JASON | |
| STREET ADDRESS | 835 LAKELAND DR | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | Keller, Monica L. | |
| STREET ADDRESS | 835 Lakeland Drive | |
| CITY-ST-ZIP | Port Orange, FL 32127 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Secretary, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | President, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathleen A. Keller* **Kathleen A. Keller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (904) 788-9331

Date Daytime Phone #

0022580

CR2E034 (9/96)