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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90004 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12636**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

02-0355307

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

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 ☐ DELETE

NAME **D**
KELLER JAMES E
STREET ADDRESS **185 BROWN SCHOOL GAP ROAD**
CITY-ST-ZIP **MURPHY NC 28906**

TITLE ☐ DELETE

NAME **SD**
KELLER, KATHLEEN A.
STREET ADDRESS **185 BROWN SCHOOL GAP RD**
CITY-ST-ZIP **MURPHY NC 28906**

TITLE ☐ DELETE

NAME **VD**
KELLER, THOMAS
STREET ADDRESS **4607 BARNACLE DR**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME **TD**
KELLER, JASON
STREET ADDRESS **835 LAKELAND DR**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE

NAME **T**
KELLER, MONICA L.
STREET ADDRESS **207 N BRIGHTON DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

President
Jason Keller
207 N. Brighton Dr.
Port Orange, FL 32127

14. I 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, with all other like empowered.

SIGNATURE: **Monica L Keller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99
Date

904-788-9331
Daytime Phone #

CR2E034 (11/98)