FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16829 (4)

1. Corporation Name

TRILECTRON INDUSTRIES, INC.

Principal Place of Business	Mailing Address
12297 U.S. 41 NORTH PALMETTO FL ~~34220-9504~~	12297 U.S. 41 NORTH PALMETTO FL ~~34220-9504~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1987
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 P. [illegible]	Suite, Apt. #, etc. 27 P.O. BOX 2109
City & State 23	City & State 28
Zip / Country 24 34220-2109 / 25	Zip / Country 29 34220-2109 / 30

4. FEI Number: 22-1911151 ☐ 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
CARTER, MIKE MIKE CARTER CONSTRUCTION 4301 32ND ST., W., SUITE C4 BRADENTON FL 33505	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BORAX, SIGMUND	1.2 NAME	
STREET ADDRESS	4212 MARINA CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORTEZ FL 34215	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SOYKA, ELISSA	2.2 NAME	
STREET ADDRESS	4212 MARINA CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORTEZ FL 34215	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	KOTT, CHARLES L.	3.2 NAME	
STREET ADDRESS	732 LIVE OAK TERRACE N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☑ Addition
NAME	J. TED CRANMER	4.2 NAME	
STREET ADDRESS	11314 LEPRECHAUN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☑ Addition
NAME	SANDRA A. EDWARDS	5.2 NAME	
STREET ADDRESS	920 GULF ISLAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	Apollo Beach, FL 33572	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGMUND BORAX CHAIRMAN/CEO 3/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Date

Electronic Filing #

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