FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **P16829** **(4)**

1. Corporation Name

TRILECTRON INDUSTRIES, INC.

Principal Place of Business

12297 U.S. 41 NORTH
PALMETTO FL 34220-2109
US

Mailing Address

PO BOX 2109
PALMETTO FL 34220-2109
US

3. Date Incorporated or Qualified: **11/16/1987**

3a. Date of Last Report: **03/07/1995**

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

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

CARTER, MIKE
MIKE CARTER CONSTRUCTION
4301 32ND ST., W., SUITE C4
BRADENTON FL 33505

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 of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	CTD	☐ DELETE
NAME	BORAX, SIGMUND	
STREET ADDRESS	4212 MARINA CT.	
CITY-ST-ZIP	CORTEZ FL	
TITLE	SD	☐ DELETE
NAME	SOYKA, ELISSA	
STREET ADDRESS	4212 MARINA CT.	
CITY-ST-ZIP	CORTEZ FL	
TITLE	P	☐ DELETE
NAME	KOTT, CHARLES L.	
STREET ADDRESS	732 LIVE OAK TERRACE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	☐ DELETE
NAME	CRANMER, J.TED	
STREET ADDRESS	11314 LEPRECHANN DR	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	V	☐ DELETE
NAME	EDWARD, SANDRA A.	
STREET ADDRESS	920 GOLF ISLAND DR	
CITY-ST-ZIP	APOLLO BEACH FL	
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		

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: J.Ted Cranmer — J.TED CRANMER — 3/22/96 — 941-723-1841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)