FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90138 008 ***150.00 DIVISION OF CORPORATIONS

DOCUMENT # P19027 ARA ELECTRONICS OF VIRGINIA, INC. Principal Place of Business Mailing Address 5010 BAYSHORE BLVD #11 5010 EIAYSHORE BLVD #11

FILED

TAMPA FL 3361	11	TAMPA FL 33611			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
					04/27/1988	1	}	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	——————————————————————————————————————	Applied For	
a. Fillicipari	iace of Dustriess	26			54-1122456	\ -	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
oute, Apr. #, etc.		27			5. Certifcate of Status Desired		Required	
City & Stat	<u> </u>	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23		28		Trust Fund Contribution		d to Fees		
Zip	Country Zip Cou				8. This corporation owes the current year			
- ¬`	25	29 30	٦.	,	Personal Property Tax.	Yes	□No	
24 25 29 9. Name and Address of Current Registered Agent			[30]		10. Name and Address of New Registers			
	J. Italie and Addition	- togistered rigett	8	Name				
WII S	SON, MARY BLAKE							
	BAYSHORE BLVD #11		82 Street Add		Address (P.O. Box Number is Not Acceptable)		ł	
• • • •	PA FL 33611		83	 				
I CINI	1712 30011		0.	1				
			84	City	F	85 Zi	p Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the abov	e-named	corporation submits this statement for the purpose	of changing i	its registered	
office or re	egistered agent, or both, in the State o	if Florida. Such change was autho	orized by	the corp	oration's board of directors. I hereby accept the app	pointment as	registered	
agent. I a	m familiar with, and accept the obligation	ons or, Section 607.0005, Florida	Sialule	5.			ì	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Rec	nistered Age	nt signature i	required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS IN 12	
TITLE	PTD	☐ DELETE	11 TITLE			☐ Change		
NAME	WILSON, J.R.H.		1.2 NAME				}	
	5010 BAYSHORE BLVD #11			T ADDRESS				
STREET ADDRESS							}	
CITY-ST-ZIP	TAMPA FL	M DELETE	2.1 TITLE		<u> </u>	Change	e Addition	
TITLE	S DOLDEADE DOBEDE I	No.	2.2 NAME		DILL COUNT PLIZ	A	}	
NAME	DOLBEARE, ROBERT L.				WILDUN, Mary JOILENCE	·		
STREET ADDRESS	700 E MAIN STREET,S-1800		l	T ADDRESS	5010 Rougholo Bling	#// -	` }	
CITY-ST-ZIP	RICHMOND VA	17051575	2.4 CITY-	ST-ZIP	WILSON, Mary Blake 5010 Bayshore Blud.	Change	e Addition	
TITLE	AS	DELETE	31 TITLE		rumpay rp]	
NAME	WILSON, MARY BLAKE		3.2 NAME		, ,			
STREET ADDRESS	5010 BAYSHORE BLVD #11		3.3 STREE	TADDRESS			ł	
CITY-ST-ZIP	TAMPA FL		3.4. CITY-	ST-ZIP			- DAdres-	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e 🔲 Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			· ☐ Change	e 🔲 Addition	
NAME			5.2 NAME				(
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		DELETE	61 TITLE	 -		Change	Addition	
NAME			6.2 NAME		}		l	
STREET ADDRESS			63 STREE	T ADDRESS		,]	
OTUCE MUURESS						•		

14. Hereby certify that the information supplied with this filing does not quality 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 chaptes, or op an affectment with an address, with all other like empowered.