

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

DOCUMENT # **P33188 (4)**

1. Corporation Name

EXPLOSIVE ORDNANCE DISPOSAL WORLD SERVICES, INCORPORATED



Principal Place of Business

Mailing Address

~~11 RACETRACK ROAD, NE SUITE H3 FT. WALTON BEACH FL 32579~~

~~11 RACETRACK ROAD, NE SUITE H3 FT. WALTON BEACH FL 32579~~

**10 Shamrock Drive
Mary Esther, FL. 32569**

**P.O. Box 355
Ft. Walton Beach, FL 32549**

2. Principal Place of Business

2a. Mailing Address

21 **10 Shamrock Drive**

26 **P.O. Box 355**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Mary Esther, FL.**

28 **Ft. Walton Beach, FL**

24 Zip

25 Country

29 Zip

30 Country

32569 USA

32549-0355 USA

g. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

3a. Date of Last Report

03/14/1991

01/31/1995

4. FEI Number

Applied For

54-1576360

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

10. Name and Address of New Registered Agent

**MIXTER, H.F., JR.
28 POPLAR AVENUE
SHALIMAR, FL 32579**
10 Shamrock Drive
Mary Esther, Fl. 32569

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10 Shamrock Drive

83

84 City

Mary Esther

FL

85 Zip Code

32569

11. Pursuant to the provisions of Sections 607.0102 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

H.F. Mixter, Jr.

H.F. MIXTER, JR. PRESIDENT/CEO

APRIL 23, 1996

Signature and printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when filing change)

Date

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MIXTER, H.F. JR	
STREET ADDRESS	28 POPLAR AVENUE	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MIXTER, NANCY	
STREET ADDRESS	28 POPLAR AVENUE	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIXTER, HENRY F.	
STREET ADDRESS	P.O. BOX 1016	
CITY-ST-ZIP	NORTH HAMPTON NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIXTER, BENJAMIN A.	
STREET ADDRESS	HARBOUR COURT, 5 HALIDON AVE.	
CITY-ST-ZIP	NEWPORT RI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WITTE, JAMES J	
STREET ADDRESS	37 POPLAR AVE	
CITY-ST-ZIP	SHALIMAR, FL. 32579	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	10 Shamrock Drive
14 CITY-ST-ZIP	Mary Esther, Fl. 32569
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	2255 S. Kirkman Road Apt # 261
44 CITY-ST-ZIP	Orlando. Fl. 32811
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Secretary/Director
53 STREET ADDRESS	WITTE, JAMES J
54 CITY-ST-ZIP	37 POPLAR AVE
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SHALIMAR, FL. 32579
63 STREET ADDRESS	Director
64 CITY-ST-ZIP	HAHN, PIETER M
	10 SHAMROCK DRIVE
	MARY ESTHER, FL. 32569

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:

H.F. Mixter, Jr.

H.F. MIXTER, JR PRES/CEO APRIL 23, 1996(904-664-0616)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (12/95)