

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36858** (9)

1. Corporation Name

TECHNICAL COMMUNICATIONS, INC.



Principal Place of Business

**5010 S.E. HANSON CIRCLE
STUART FL 34997**

Mailing Address

**5010 S.E. HANSON CIRCLE
STUART FL 34997**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/30/1991

3a. Date of Last Report

07/11/1995

4. FEI Number

13-2506167

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

**SHARPLESS, WILLIAM M.
1061 E. INDIANTOWN ROAD, SUITE 400
JUPITER FL 33477**

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 has been printed below (Signatures subject to the laws of the State of Florida)

(Print Name of Registered Agent Signature has been printed below)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	HALE, GORDON F.	
STREET ADDRESS	5010 S.E. HANSON CIR.	
CITY-STATE-ZIP	STUART FL	
TITLE	VD	DELETE
NAME	SHOAF, JESSE D.	
STREET ADDRESS	100 BETTIS ROAD	
CITY-STATE-ZIP	DRAVOSBURG PA	
TITLE	S	DELETE
NAME	HALE, PAMELA	
STREET ADDRESS	361 WEST AVENUE	
CITY-STATE-ZIP	DARIEN CT	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 19.07(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, 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. I am attaching with an address

SIGNATURE: **GORDON F. HALE**
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

Daytime Phone

CR2E034 (12/95)