

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P39245

(6)

95 JUN 28 AM 9:14

1. Corporation Name

LXE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7700
 NORCROSS GA 30091-7700

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 NORCROSS GA 30091-7700

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/15/1992

02/01/1994

4. FEI Number

Applied For

58-1829757

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

2a. Mailing Address

21 303 Research Drive

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Norcross GA

28 Zip

Country

24 30092

Country

25 USA

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BIBBY, MALCOLM M.
STREET ADDRESS	95 INLAND DRIVE
CITY - ST - ZIP	ATLANTA GA
TITLE	CD
NAME	PIPPIN, JOHN E.
STREET ADDRESS	3760 RIVER MANSION DRIVE
CITY - ST - ZIP	DULUTH GA
TITLE	ST
NAME	JACOBS, WILLIAM S
STREET ADDRESS	2041 STARFIRE DR NE
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	SCARTZ, DON T
STREET ADDRESS	2455 ROXBURGH DRIVE
CITY - ST - ZIP	ROSWELL GA
TITLE	D
NAME	STANKARD, FRANCIS X.
STREET ADDRESS	10 AUTUMN LANE
CITY - ST - ZIP	MIDDLETOWN NJ
TITLE	D
NAME	EVANS, WILLIAM F
STREET ADDRESS	1020 W. 55TH STREET
CITY - ST - ZIP	KANSAS CITY MO

1. TITLE	President	☒ Change ☐ Addition
12. NAME	John J. Farrell	
13. STREET ADDRESS	1803 Bally Bunyon Drive	
14. CITY - ST - ZIP	Duluth, GA 30136	
2. TITLE	Chairman	☒ Change ☐ Addition
22. NAME	Thomas E. Sharon	
23. STREET ADDRESS	660 Engineering Drive	
24. CITY - ST - ZIP	Norcross, GA 30092	
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. 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 110.07(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. 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:

Don T. Scartz, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95

(404) 447-4224

Date

Telephone Number