SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P92000004032 (8) ORBITAL OF MID-FLORIDA INC. Principal Place of Business Mailing Address 8308 GOLDEN BEAR LOOP 8308 GOLDEN BEAR LOOP PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 58-2021891 Not Applicable Suite Ant # etc Suite Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Rey (. 5 cm 1 h
Street Address (P.O. Box Number is Not Acceptable) SMITH, ROY L 8308 GOLDEN BEAR LOOP 82 PORT RICHEY FL 34668 83 308 Golden Bear Lo 64 11. Pursuant to the provision of Sections 607.0502 and 607.1508. Florida Statutes the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and acceptine obligations of, Section 607.0505, Florida Statutes

SIGNATURE

SIGNATURE

11. Pursuant to the provision of Sections 607.0502 and 607.1508. Florida Statutes the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and acceptine obligations of, Section 607.0505, Florida Statutes °v € 5. SIGNATURE (NOTE: Registered Agent signs 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 DITLE Change Addition SMITH, ROY L NAME 1.2 NAME CR2E034 STREET ADDRESS 8308 GOLDEN BEAR LOOP 13 STREET ADDRESS PORT RICHEY FL 34668 CITY - ST - ZIP 1.4 CITY - ST - 7/P TITLE D DELETE 2.1 TITLE Change Addition SMITH, MARY B NAME 2.2 NAME 8308 GOLDEN BEAR LOOP STREET ADDRESS 2.3 STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP 2 4 CITY - ST - ZIP TIFLE DELETE 3.1 TITLE ___ Change ___ Addition DONALDSON, JAMES NAME 3.2 NAME 36446 LESLIE LANE STREET ADDRESS 33 STREET ADDRESS **EUSTIS FL** CITY-ST-ZIE 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE ___ Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-ZIP 4.4 CITY - ST - 21P TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 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 that my name appears in Block 12 op Block 13 if changed, or on an attachment with an address.

Line

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21

SIGNATURE:

(36/8)

6/11/96 813-842-9434