FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:38

DOCUMENT # **P93000005857 (6)**

1. Corporation Name
ATLANTIC PRECISION & MANUFACTURING, INC.

Principal Place of Business	Mailing Address
292 N. WICKHAM RD MELBOURNE FL 32935 US	292 N. WICKHAM ROAD MELBOURNE FL 32935 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3124185 ☐ 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

~~COBB, KATHERINE M~~
777 N. HWY A1A
STE. ~~202~~ 204
INDIALANTIC FL 3290~~3~~

10. Name and Address of New Registered Agent

81 Name: Stewart B. Capps
82 Street Address (P.O. Box Number is Not Acceptable): 777 N. HWY A1A
83: Suite 204
84 City: Indialantic FL 85 Zip Code: 32903

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: Stewart B. Capps — 5/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when designated) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GUNIA, GLADYS	12 NAME	
STREET ADDRESS	837 VANCE CIRCLE, NE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	GUNIA, ADAM	22 NAME	
STREET ADDRESS	1178 SAPPHIRE ST SE	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	GUNIA, MIKE	32 NAME	
STREET ADDRESS	837 VANCE CIRCLE NE	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	PRINCE, VERNON G	42 NAME	
STREET ADDRESS	535 WISTAR CT	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	AS ☑ Change ☐ Addition
NAME	BALDANZA, SILVANA	52 NAME	Silvana Hernandez
STREET ADDRESS	837 VANCE CIRCLE NE	53 STREET ADDRESS	615 Sand piper Circle # 3313
CITY-ST-ZIP	PALM BAY FL	54 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed, or on an attachment with an address.

SIGNATURE: Gladys M Gunia — 5-25-95 — 407 253 2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GLADYS M GUNIA

0000128 CP