

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 # P93000007099 (3)

1. Corporation Name

MICROGUYS, INC.



Principal Place of Business

151 MARY ESTHER BLVD. SUITE #408  
MARY ESTHER FL 32569-1965

Mailing Address

151 MARY ESTHER BLVD. SUITE #408  
MARY ESTHER FL 32569-1965

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

01/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3263811

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

10. Name and Address of New Registered Agent

BROWN, COLLEEN D  
204 DUMAINE  
FT. WALTON BEACH FL 32547

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Colleen D. Brown*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BROWN, COLLEEN D  
STREET ADDRESS 204 DUMAINE  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME BROWN, HOWARD L  
STREET ADDRESS 204 DUMAINE  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME TURNER, TRACY E  
STREET ADDRESS RT. 1 BOX 28-C  
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ DELETE

NAME BROWN, COLIN H  
STREET ADDRESS 3248 STANFORD RD.  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME BROWN, HEATH A  
STREET ADDRESS 50 BISHOP  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME ~~TURNER, TRACY E~~  
STREET ADDRESS ~~RT. 1 BOX 28-C~~  
CITY-ST-ZIP ~~FREEPORT FL 32439~~

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

*Colleen D. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-96

904-664-6413

CR2E034 (12/95)