

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 # P93000041818 (4)

1. Corporation Name

POLARONICS, INC.



Principal Place of Business

2148 SADLER ROAD
SUITE 2075
FERNANDINA BEACH FL 32034

Mailing Address

2148 SADLER ROAD
SUITE 2075
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
10/19/1995

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

29

25

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-3197327

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

10. Name and Address of New Registered Agent

ROSE, RICHARD R
2148 SADLER ROAD
SUITE 2075
FERNANDINA BEACH FL 32034

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 date (Applicable)

(NOTE: Registered Agent signature required when re-statifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
ROSE, RICHARD R
STREET ADDRESS
2148 SADLER ROAD SUITE 2075
CITY-ST-ZIP
FERNANDINA BEACH FL 32034

TITLE ☐ DELETE

NAME
D
STONE, WALTER
STREET ADDRESS
5417 ADAMS RD
CITY-ST-ZIP
DEL RAY BCH FL

TITLE ☐ DELETE

NAME
D
FARRINGTON, WILLIAM
STREET ADDRESS
10011 HUMMINGBIRD BLVD.
CITY-ST-ZIP
PENSACOLA FL 32514

TITLE ☐ DELETE

NAME
D
NEWMAN, MICHAEL
STREET ADDRESS
4711 YACHTMAN DR.
CITY-ST-ZIP
FERNANDINA BCH. FL 32034

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/96 904 321-2434

CR2E034 (12/95)