## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**₽**ROFIT CORPORATION **ANNUAL REPORT** 



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

1996

**DOCUMENT #** 1. Corporation Name

P94000014779 (0)

ELECTRONIC EQUIPMENT ANALYZERS OF FLORIDA, INC.

Principal Place of Business Mailing Address				s annemmen eid altein difter antet Aneitt Antet biffel geftet fallet ift bif 1885		
5625 CENTRA ST. PETERSB US	L AVE. URG FL 33710	5625 CENTRAL AVE. ST. PETERSBURG FL 33710 US				
					<ol> <li>Date Incorporated or Qualified 02/21/1994</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Pla 21		2a. Mailing Address 26			4. FEt Number 56-1878989	Applied For Not Applicable
Suite, Apt. #		Suite Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country  24 25		Ζφ 29	29 30		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes ☐ Yes ☐ No  I No	
	9. Name and Address of Currer	it Hegistered Agent			10. Name and Address of New	Registered Agent
O FOLIE			81	Name		
CHECHE 5625 CE	:Le, i s Ntral ave.		82	Street A	ddress (P.O. Box Number is Not Accepta	ble)
ST. PETE	ERSBURG FL 33710		83			
			84	City		FL 85 Zip Code
or register:	o the provisions of Sections 607.0509 ad agent, or both an the State of Flori h, and accept the obligations of, Sect	da. Such change was authorzi	ed by the comi	amed corp eration's h	poration submits this statement for the pureard of directors. Thereby accept the app	rpose of changing its registered office jointment as registered agent. I am
SIGNATURE _	Signature typed or prof-1 have or registers cape?	and the days evance in the s	The Fisquelia of Ager	Symbolic ma	great visco recogning	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	HOERS AND DIRECTORS IN 12
TRILE	P0	☐ DELETE	1 1 TIFLE			Change Add:fron
NAME	KORNEGAY, JAMES W II		1.2 NAME			
STREET ADDRESS	9300 DURANT RD.		13 STREET	ADDRESS		
CITY - ST - ZIP	RALEIGH NC 27614	——————————————————————————————————————	14 CiTY - S	- ZIP		
TRILE		☐ DELETE	2 º TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREET	1		
CITY-ST-ZIP TITLE		□ DELETE	24 GITY - S	ZIP		Chungo D Aidd as
NAME			3 1 HITE 3 2 NAME			Change Addition
STREET ADDRESS			33 SIREE	Annesss		
CITY - ST - ZIP			34 CITY - S			
TITLE		[] DELETE	4 1 TITLE	- 211		Charge Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STREET	ADDRESS		
CITY - ST - ZiP			44 CiTY -S	- 7iP		
TITLE		DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			<del></del>
STREET ADDRESS			53 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CiTY - S	- 716		
TITLE		☐ DELE1€	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZiP			64 CITY - S	· ZIP		

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 efficient or director of the corpulation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 18 or Block 18 of changed, or up an attachment with an address.

SIGNATURE,

James W. Kornegay, President 7.17.96

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