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
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000081924 (0)
1. Corporation Name

WADKINS ELECTRONICS INCORPORATED

Principal Place of Business

3963 E. DIAMIND ST.
PACE FL 32571

Mailing Address

3963 E. DIAMIND ST.
PACE FL 32571

3. Date Incorporated or Qualified **11/07/1994**	3a. Date of Last Report **05/01/1995**	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3204170** / Applied For / Not Applicable
21 **3963 EAST DIAMOND ST.**	26 **P.O. BOX 1052**	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 **PACE, FL**	City & State 28 **PACE, FL**	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 **32571** Country 25 **US**	Zip 29 **32571** Country 30 **US**	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
WADKINS, PATRICIA A 3963 E. DIAMIND ST. PACE FL 32571	81 Name **SAME** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DVP**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **WADKINS, PATRICIA A**		1.2 NAME **SAME**	
STREET ADDRESS **3963 E. DIAMIND ST.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **PACE FL**		1.4 CITY-ST-ZIP	
TITLE **PDC**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **WADKINS, DONALD E**		2.2 NAME	
STREET ADDRESS **3963 E. DIAMIND ST.**		2.3 STREET ADDRESS **SAME**	
CITY-ST-ZIP **PACE FL**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **7/11/96** **904-994-8536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR