

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000011159 (7)**
1. Corporation Name
RESONICS, INC.



Principal Place of Business

950 N. ORLANDO AVE.
SUITE 220
WINTER PARK FL 32789

Mailing Address

950 N. ORLANDO AVE.
SUITE 220
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 320

Suite 320

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

4. FEI Number

59-1299000

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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 title (Applicable)

(Applicable) Registered Agent Signature required (When registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PALMER, CHARLES B	
STREET ADDRESS	950 N. ORLANDO AVE., STE. 220	
CITY-STATE-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE
NAME	BOBINCHUCK, ROBERT M	
STREET ADDRESS	3050 POST OAK BLVD., STE. 1160	
CITY-STATE-ZIP	HOUSTON TX 77056	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	950 N. Orlando Ave., Suite 320
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	100 Congress Ave., Suite 1010
2.4 CITY-STATE-ZIP	Austin, TX 78701
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Constance A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constance A. Jones

Asst. Corp. Sec.

4/02/96

407-628-4544

Date

Displaying Phone #

CR2E034 (12/95)