

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045528

1. Corporation Name
ROHSONICS INDUSTRIES, INC.

Principal Place of Business

**1070 SHADICK DR., BAY F
ORANGE CITY FL 32763**

Mailing Address

**1070 SHADICK DR., BAY F
ORANGE CITY FL 32763**

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 053 ***150.00

04-27-1999 90213 054 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

59-3322043

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SAMUELS, FREDERICK G
1221 FLATWOODS RD
MIMS FL 32754**

10. Name and Address of New Registered Agent

81 Name

SAMUELS, FREDERICK G.

82 Street Address (P.O. Box Number is Not Acceptable)

215D WHISPERING OAKS CT.

83

84 City

ORANGE CITY

FL

85 Zip Code
32763

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. **ADDRESS CHANGE ONLY**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SAMUELS, FREDERICK G**
CITY-ST-ZIP **1221 FLATWOOD RD
MIMS FL 32754**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SAMUELS, REGINA**
CITY-ST-ZIP **1070 SHADICK DR., BAY F
ORANGE CITY FL 32763**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D/P**
1.3 STREET ADDRESS **SAMUELS, FREDERICK G.**
1.4 CITY-ST-ZIP **215D WHISPERING OAKS COURT
ORANGE CITY, FL 32763**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D/S**
2.3 STREET ADDRESS **DUNCAN, PAMELA**
2.4 CITY-ST-ZIP **1070 SHADICK DRIVE, BAY F
ORANGE CITY, FL 32763**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE:

Frederick G. Samuels
SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK G. SAMUELS, PRESIDENT 4/21/99

904-775-3900

Date

Daytime Phone #

CR2E034 (11/98)