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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000063878 (9)**

1. Corporation Name

AVPROX, INC.ORPORATED NIC 2-23-96

Principal Place of Business	Mailing Address
2201 - 4TH STREET NORTH SUITE B ST. PETERSBURG FL 33704	2201 - 4TH STREET NORTH SUITE B ST. PETERSBURG FL 33704

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/18/1995**

3a. Date of Last Report:

4. FEI Number: **59-3330437** ☐ 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

9. Name and Address of Current Registered Agent

HEARN, PRESTON S
2201 - 4TH STREET NORTH
SUITE B
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

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 617.0502 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	P	☐ DELETE	1.1 TITLE DIRECTOR ☐ Change ☑ Addition
NAME	HEARN, PRESTON S		1.2 NAME
STREET ADDRESS	2201 4TH STREET NORTH SUITE B		1.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY-ST-ZIP
TITLE	~~VSTD~~	☒ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	~~CARR, ADAM J~~		2.2 NAME
STREET ADDRESS	~~2201 4TH STREET NORTH SUITE B~~		2.3 STREET ADDRESS
CITY-ST-ZIP	~~ST. PETERSBURG FL 33704~~		2.4 CITY-ST-ZIP
TITLE	ST	☐ DELETE	3.1 TITLE ☒ Change ☐ Addition
NAME	HEARN, PRESTON S ~~(ASST)~~		3.2 NAME
STREET ADDRESS	2201 4TH STREET NORTH SUITE B		3.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33704		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

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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)(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.

SIGNATURE: [signature] 4/1/96 (813)824-8830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

PRESTON S. HEARN, as President

CR2E034 (12/95)