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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009026 (1)

CERTIFIED ELECTRONIC SYSTEMS, INC.

FILED
Mar 25 1998 8:00am
Secretary of State



| | | | | | <u> </u> | |
|---|--|--|-----------------------------|----------------------|--|--------------------------------|
| Principal Place of Business Mailing Address | | | | | | |
| 1575 AVIATIO | N PKWY | 1575 AVIATION PKWY | 1575 AVIATION PKWY | | | |
| SUITE 420 | | SUITE 420 | | | DO NOT WRITE IN THIS SPACE | |
| DAYTONA BEACH FL 32214-3860 | | DAYTONA BEACH FL 321 | DAYTONA BEACH FL 32114-3860 | | 3. Date Incorporated or Qualified | - III UI AOL |
| US | | US | | | 01/29/1996 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | 26 | | 59-3358830 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | 27 | | 5. Certificate of Blattas Desired | Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 26 | 26 | | Trust Fund Contribution | Added to Fees |
| Žip | Country Zip Cou | | Country | 1 | 8. This corporation owes or has paid the | |
| 24 | 25 | | 30 | | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Cur | rent Registered Agent | | 1 ::: | 10. Name and Address of New Register | ed Agent |
| | TH, GARY L | | 81 | Name | | |
| 118 | 5 15TH STREET | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| HO | LLY HILL FL 32117 | | | | | |
| | | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| | | | | | F | ■ |
| 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. | | | | | | |
| 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 | | | | | | |
| | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable (NOTE | : Registered Ag | ont signature requir | red when reinstating) DAT | E |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | P | DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | SMITH, GARY L | | 1.2 NAME | | | ; |
| STREET ADDRESS | 1185 15TH STREET | | 1.3 STREET | T ADDRESS | | ii |
| CiTY-ST-ZIP | HOLLY HILL FL 14 | | 1.4 CITY - S | ST-ZIP | | |
| TITLE | | DELETE 2.1 T | | | | Change Addition |
| NAME | O'NEAL, ALLEN S 2.2 | | 2.2 NAME | | | |
| STREET ADDRESS | 5 5 5 5 7 4 4 4 4 | | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | UMATILLA FL | | 2. 4 CITY- | ST-ZIP | • | |
| TITLE | | | 3.1 TITLE | | | Change Addition |
| NAME | International In | | 3.2 NAME | | | |
| STREET ADDRESS | 4044 DOV41 DA144 | | 3.3 STREET | I ADDRESS | | |
| CITY-ST-ZIP | CO. CO. LAND. PL | | 3.4. CITY- | | | |
| TITLE | | | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 1 ADDRESS | | |
| | | | 4.4 CITY- S | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | 31-211 | | Change Addition |
| | | | 5.2 NAME | | | |
| NAME OVERT ADDRESS | | | 5.3 STREET | TADDDECC | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | <u> </u> | DELETE | 5.4 CITY - 5 | SI-ZIP | | Change Addition |
| TITLE | | □1 hereig | 6.1 TITLE | | | _ Change _ receiper |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET | | | |
| CITY-ST-ZIP | | and the fire of the same of | 6.4 CITY - S | ST-ZIP | Continue (40 07/0)/i) Florido Matutos + 5 otto | y portify that the information |
| 14. I hereby o | ertify that the information supplied | n with this tiling does not qualify to | or the exemp | ni oorara nouc | Section 119.07(3)(i), Florida Statutes. I furthe | a under oath: that I am an |

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 empeowered 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.

Draw All and

1/13/98 904-248-0460