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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000016126 (0)**

1. Corporation Name
SCANDIA TECHNOLOGIES, INC.

Principal Place of Business
504 WALKER ROAD
SAFETY HARBOR FL 34695

Mailing Address
504 WALKER ROAD
SAFETY HARBOR FL 34695-4950

3. Date Incorporated or Qualified: 02/21/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2051 Sunnydale Blvd
22 Suite, Apt. #, etc.
23 City & State: Clearwater FL
24 Zip: 34625
25 Country: Pinellas

2a. Mailing Address
26 2051 Sunnydale Blvd
27 Suite, Apt. #, etc.
28 City & State: Clearwater FL
29 Zip: 34625
30 Country: Pinellas

4. FEI Number: 59-3364447 — 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
MILLER, GARY M
2051 SUNNYDALE BLVD.
CLEARWATER FL 34625

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 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: Gary M. Miller — Gary M. Miller — 4/9/97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS (delete ✓)

TITLE	P/T Only title "S" and "T"; add "D"
NAME	MILLER, GARY M
STREET ADDRESS	504 WALKER ROAD
CITY-ST-ZIP	SAFETY HARBOR FL 34695
DELETE	☑
TITLE	[redacted]
NAME	[redacted]
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	☐
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	EVP/D	☐	☑
1.2 NAME	Stephen L. Gunba		
1.3 STREET ADDRESS	2938 Elysium Way		
1.4 CITY-ST-ZIP	Clearwater FL 34619		
2.1 TITLE	VP/D	☐	☑
2.2 NAME	Jeffrey A. Loy		
2.3 STREET ADDRESS	2871 Gloria Court		
2.4 CITY-ST-ZIP	Clearwater FL 34631		
3.1 TITLE	VP/S/D	☐	☑
3.2 NAME	Craig Schnee		
3.3 STREET ADDRESS	1480 Wyndham Dr. S.		
3.4 CITY-ST-ZIP	York, PA. 17403		
4.1 TITLE	T	☐	☑
4.2 NAME	Michael J. Perfetti		
4.3 STREET ADDRESS	921 Northridge Dr.		
4.4 CITY-ST-ZIP	Palm Harbor FL 34683		
5.1 TITLE	D	☐	☑
5.2 NAME	Michael J. Goeller		
5.3 STREET ADDRESS	101 Queen St.		
5.4 CITY-ST-ZIP	Lancaster, PA.		
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Gary M. Miller — Gary M. Miller — 4/9/97 — (813) 442-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #