

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90002 019 ***150.00

DOCUMENT # P96000073983

1. Corporation Name
MEKATRONIX, INC.

Principal Place of Business
4813 N.W. 19TH PLACE
MEK
GAINESVILLE FL 32605

Mailing Address
4307 N.W. 78TH TERRACE
#MEK
GAINESVILLE FL 32606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number
59-3514472

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

2. Principal Place of Business

2a. Mailing Address

21 8822 Trevillion Rd
Suite, Apt. #, etc.

26 8822 Trevillion Rd
Suite, Apt. #, etc.

22 City & State
23 Richmond VA

27 City & State
28 Richmond VA

24 Zip 23235 Country Chester

29 Zip 23235 Country Chester

9. Name and Address of Current Registered Agent

DOTY, KAHIL
4813 N.W. 19TH PLACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name KAHIL DOTY
82 Street Address (P.O. Box Number is Not Acceptable)
316 NW 17th St.
83
84 City Gainesville FL 85 Zip Code 32603

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME DOTY, KEITH L
STREET ADDRESS 4813 N.W. 19 PL.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE
NAME DOTY, KAHIL P
STREET ADDRESS 4813 N.W. 19 PL.
CITY-ST-ZIP GAINESVILLE FL 32605

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8822 Trevillion Rd
2.4 CITY-ST-ZIP Richmond, VA 23235

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

804 272-5752

Date

Daytime Phone #

CR2E034 (11/98)

0062212