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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

(904) 272.4499

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099771 (3)

ACCUTRONIC MANUFACTURING, INC.

Principal Place of Business Mailing Address				I 1901/061 HQ (QHQ 0) III QAII QAIII QAII	IRI WORKS INDIO 16101 10011 10801 7101 FOTI
2815-C BOLTON ROAD 2815-C BOLTON ROAD ORANGE PARK FL 32073 ORANGE PARK FL 32073				DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				12/09/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3420010	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζ ιρ	Country	8. This corporation owes or has pa	and a first first
24	25 9. Name and Address of Curr	29 ant Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
		ent riogistereo Agent	81 Name	(U, Name and Address of New No	Sierolen Water
	RRELL, MICHAEL S				
	15-C BOLTON ROAD		82 Street /	Address (F.O. Box Number is Not Acceptate	ole)
ORANGE PARK FL 32073					
			63		
			64 City		85 Zip Code
44 0					FL 18 Zip Gode
office or r	r egiste red agent, or both, in the Sta	ite of Florida. Such change was a	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
agent. ‡ a	im familiar with, and accept the obt	gation of, Section 607.0505, Flo	rida Statutes	Λ	
SIGNATURE	//W dx	- P	· 	Hpril	27, 1998
10	Signature, typed or printed rume of operated	ngenfand title if applicable (NOT) IND DIRECTORS	Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	CEO	DELETE	13.		Attack Tale Agent
NAME	TURNER, MARK S			Francis Michael S.	Onlings Radillosi
			1.2 NAME	Del Code Field Ct	
STREET ADDRESS	1820 HOLLY FLOWER LN		1.3 STREET ADDRESS	Ferrell, Michael S. 311 Springfield Ct Orunge Purk FL	30.93
CITY-ST-ZIP TITLE	ORANGE PRK FL	DELETE	1.4 C(TY - ST - Z(P 2.1 TITLE	Orange Purk 1-L	32073
	}	D bitter	I		Change C Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	2.4 City-St-ZiP 3.1 Title		Change Addition
			1		C change Z Addition
NAME	}		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
		€ P DETER	4.1 TITLE		Change C Monton
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change
TITLE		L_] DELETE	5.1 TITLE		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		BULETU	5 4 CITY - ST - ZIP		Charge
TITLE		☐ DETELE	6.1 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	and the street the information of the	which is the passent of the Co.	64 CITY - ST - ZIP	40.07(0) 5 5 14 00	End Thus Hay 20 - Ve
indicated	on this annual report or supplement	ital annual report is true and accu	urate and that my sici	d in Section 119.07(3)(i), Florida Statutes. I nature shall have the same legal effect as if	made under oath: that I am an
officer or	director of the corporation or the re or Block 13 if changed, or on an al	ceiver or trustee empowered to e	execute this report as	required by Chapter 607, Florida Statutes;	and that my name appears in