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 #

1. Corporation Name P97000064907 (3)

SCULLY ELECTRONICS, INC.

Principal Place of Business Mailing Address 1003 SOUTH DAKOTA AVENUE SUITE 3 1003 SOUTH DAKOTA AVENUE SUITE 3 TAMPA FL 33606 TAMPA FL 33606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITAKER, BRAD 1003 SOUTH DAKOTA AVENUE SUITE 3 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 City 84 85 Zip Code of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 and accept the objection 607.0505, Florida Statutes. 11. Pursuant to the proagent I am SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME WHITAKER, BRAD 1.2 NAME STREET ADDRESS 1003 SOUTH DAKOTA AVENUE SUITE 3 1.3 STREET ADDRESS CITY-ST-ZIF **TAMPA FL 33606** 1.4 CITY-\$1-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P 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 DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - S1 - ZIP preby 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 leated on this annual report of 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 per or director of the coporation of the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ber or director of the control of th idress

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

DORESS

TITLE

NAME

Addition

FILED

May 14 1998 8:00am

Secretary of State