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**

DOCUMENT # P97000102527

1. Corporation Name

STREET ADDRESS

ALBRITTON FLECTRONICS, INC.

1							
Principal Place	of Business	Mailing Address			C IMPLIMENTED LICENTER CONT. MOSTI DATE INTERIOR	· Berrn innet allich einer enne sone	
210 EAST HIGHLAND DRIVE 210 EAST HIGHLAND DRIVE SUITE 4					DO NOT WOITE IN THIS	C CDACE	
LAKELAND FL 33813 LAKELAND FL 33813					DO NOT WRITE IN THIS	SPACE	
,	<u>.</u>				3. Date Incorporated or Qualifed 12/04/1997		
Principal Place of Business Address					4. FEI Number	Applied For	
21 26					59-3479616	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27.					5. Certificate of Status Desired	\$8.75 Additional	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In	itangible	
24	25	29 3	0		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
81 Name							
MORRISON, JOSEPH A 3500 SOUTH FLORIDA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 3				3			
LAKELAND FL 33803							
				4 City	FI		
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	,				·		
SIGNATORE	Signature, typed or printed name of registered ag	jent and title if applicable. (NOTE: R		ent signature require			
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	1		☐ Change ☐ Addition	
NAME	7.22.11.7.4.1, 1.11.11.1.1.1		1.2 NAME		•		
STREET ADDRESS			1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	BARTOW FL 33830			ST-ZIP		C) Change C Addition	
TITLE	D	☐ DELETE	2.1 TITLE	ľ		☐ Change ☐ Addition	
NAME	GOODELL, KENNETH E		2.2 NAME				
STREET ADDRESS	10832 COUNTRY HAVEN		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33809			ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE			[] Criange [] Addition]	
NAME	and "		3.2 NAME				
STREET ADDRESS	,		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-			☐ Change ☐ Addition	
TITLE		☐ DELETE	4,1 TITLE			☐ Change ☐ Addition	
NAME			4, 2 NAM	i	•		
STREET ADDRESS				ET ADDRESS	•		
C/TY-ST-ZIP			4.4 CITY-			Channa Diddina	
TITLE	·	☐ DELETE	5.1 TITLE	1 .		Change Addition	
NAME			5.2 NAME		• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS	·		1	ET ADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CITY-			Change Addition	
) TITLE '		☐ DELETE	6.1 TITLE	· \		Change Addition	

CITY-ST-ZIP 1 --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.

6.2 NAME 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90107 014 ***150.00