PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012319

HAYNES/QUANTUM TECHNOLOGIES, INC.

Principal Place of Business	 Mailing Address
3581 MERCANTILE AVENUE	3581 MERCANTILE AVENUE

May 05, 1999 8:00 am Secretary of State

05-05-1999 90182 036 ***150.00



NAPLES FL 34104		NAPLES FL 34104			DO NOT WRITE IN T 3. Date incorporated or Qualifed 02/06/1998	HIS SPACE
2. Principal Place	e of Business	2a. Mailing Addres	ss		4. FEI Number Filed Cor	Applied For Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, 6	etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Countr 30	/	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes ☐ No
<u>-</u>	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Register	red Agent
Brunner, S. Dresden ESQ 4501 Tamiami Trail North Suite 400		81	Street Add	fress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34103-3013		83	3		·	
4501 TAMIAMI, THAIL NORTH SUITE 400 NAPLES FL 34103-3013		83	3		-	

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.

84 City

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELETE 1.5 TITLE NAME JAMES S. DIXON STREET ADDRESS CITY-ST-ZIP TITLE MARIKE-IXANC TV. Pres. DELETE 2.1 TITLE TITLE MARIKE-IXANC TV. Pres. DELETE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TYLAS UVEY DELETE 3.1 TITLE TYLAS UVEY DELETE 3.1 TITLE NAME ALAUVA H. DIXON STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.5 \$1 Mercantile Aue. 3.3 STREET ADDRESS	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
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I mereby certify that the information supplied with his ming ooes 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:

Zip Code