

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000034086 1. Corporation Name

SYMMETRY SYSTEMS, INC.

Principal Place of Business
4440 DUOVOCAN PRANCULLANE

## **FILED** Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90023 043 \*\*\*158.75



Principal Plac	e of Business	Mailing Address					
1149 BUCKBEAN BRANCH LANE EAST 1149 BUCKBEAN BRANCH LAI JACKSONVILLE FL 32259 JACKSONVILLE FL 32259			ANE EAS	ST .	•		
					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed	IT THIS OF AGE	
					04/13/1998	•	
2 Principal P	Tace of Business	2a. Mailing Address		· · · · · · · · ·	4. FEI Number	Appl	lied For
	26 12850 Juling	484	<b>E</b>		· <del>    -  </del>	Applicable	
21 / <b>403</b> 0 Suite, Apt.	Julington Forest	Suite, Apt. #, etc.	JUN	7 0169 7		\$8.75 Ad	<del></del>
22 Drive East		27 Orive East		5. Certifcate of Status Desired	Fee Req	uired	
City & Stat		City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	¬ \$5.00 м	/lav Be
	sonville, FL	28 Jacksonville	, FI	<b>L</b> ,	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current	year Intangible	
24 3225	8 25 USA	29 <b>32258</b> 3	o U	sA	Personal Property Tax.		No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Reg	istered Agent	
				81 Name	Gnodwin Greeney		
	JHRAN, PETER		}	82 Street	Goodwin, Gregory Address (P.O. Box Number is Not Acceptable	<u> </u>	
	9 BUCKBEAN BRANCH LANE EAS	ST	Ì	1285	D Julington Forest Drive	East	
JAC	KSONVILLE FL 32259		ľ	83	<del></del>		
ı			}			as Zin Co	ada .
ı				84 City	acksonville	FL 85 Zip Co	58
11 Pursuant	to the provisions of Sections 607 0502	2 and 607.1508. Florida Statutes	the at			mose of changing its re	egistered
					oration's board of directors. I hereby accept the	e appointment as regi	stered -
agent. I a	am familiar with, and accept the obligati	AD .M.	ia Statu	ies.	2/	8/99	
SIGNATURE	Signature, type or prime name of registered agent	NOTE:	legistered	Anent signature	required when reinstating)	DATE	
12.	OFFICERS ANI		13.	•	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TIT	LE		Change	☐ Addition
NAME	CHUHRAN, PETER		1.2 NA	ME	Chuhran, Peter		
STREET ADDRESS	4440 DUOVDEAN DDANOU AN	IE EAST	13.ST	REET ADDRESS	Chuhran, Peter 5913 Waterelm Ln	4	
CITY-ST-ZIP	JACKSONVILLE FL 32259		1	Y-ST-ZIP	Charlotte, NC 28269		
TITLE	D	DELETE	2.1 TIT			Change	Addition
NAME	GOODWIN, GREGORY	_	22 NA		Goodwin Greacy		
	AAAA BUOKBEAAL BRANCUL LAN	JE FAST		REET ADDRESS	Goodwin, Gregory 12850 Julington Forest Pr.	E.	
STREET ADDRESS	JACKSONVILLE FL 32259	L LACI		TY-ST-ZIP	Jacksonville, FL 32258		
CITY-ST-ZIP	D	☐ DELETE	3.1 TIT		Jacksontoine , FE 32230		- Addition
TITLE	1		3.2 NA				_
NAME	TAULER, NARCISO M						
STREET ADDRESS	•	•		REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256	☐ DELETE	_	TY-ST-ZIP		[ Change	Addition
TITLE	D TYPE LONDIE D	☐ DELETE	4.1 TIT		TYRE, LONNIE R 902 LAKERIDGE DR. ORANGE PARK, FL 320	(2) Oriengo	
NAME	TYRE, LONNIE R		4. 2 NA		anz Lakeridge DR.		
STREET ADDRESS				REET ADDRESS	CRANCE PARK FL 320	65	
CITY-ST-ZIP	ORANGE PARK FL 32065			Y-ST-ZIP	O CONTOC   MCK ) 1 -		☐ Addition
TITLE		☐ DELETE	5.1 TrT		1	☐ Change	☐ Addition
NAME			5.2 NA			•	
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP							
				Y-ST-ZIP			
TITLE		DELETE	5.4 CT 6.1 TIT			Change	☐ Addition
TITLE NAME		☐ OELETE		LE		☐ Change	Addition
		DELETE	6.1 TIT 6.2 NA	LE		☐ Change	Addition

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: \_

