FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03168 (9)

1. Corporate Name
HADRONIC PRESS, INC.

Principal Place of Business
35246 U.S. 19 NORTH
SUITE 131
PALM HARBOR FL 34684-1909

Mailing Address
35246 U.S. 19 NORTH
SUITE 115
PALM HARBOR FL 34684-1909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1990
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3025281
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation is subject to intangible tax under Chapter 199, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTILLI, ERMANNO
35246 U.S. 19 NORTH
SUITE 131
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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
(If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent without changing address, Registered Agent must sign above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 TITLE	S	111 TITLE	☐ Change ☐ Addition
102 NAME	SANTILLI, ERMANNO	112 NAME	
103 STREET ADDRESS	35246 U.S. 19 NORTH	113 STREET ADDRESS	
104 CITY ST ZIP	PALM HARBOR FL	114 CITY ST ZIP	
105 TITLE	O	115 TITLE	☐ Change ☐ Addition
106 NAME	SANTILLI, CARLA	116 NAME	
107 STREET ADDRESS	35246 U.S. 19 NORTH	117 STREET ADDRESS	
108 CITY ST ZIP	PALM HARBOR FL	118 CITY ST ZIP	
109 TITLE		119 TITLE	☐ Change ☐ Addition
110 NAME		120 NAME	
STREET ADDRESS		121 STREET ADDRESS	
CITY ST ZIP		122 CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an additional

SIGNATURE: Carla Santilli CARLA SANTILLI 4-28-95 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 934-9593

0366997 CP