

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S15503 (3)

1. Corporation Name

SKYSCAN TECHNOLOGIES INCORPORATED

Principal Place of Business

**POST OFFICE BOX 24210
TAMPA FL 33623-4210**

Mailing Address

**POST OFFICE BOX 24210
TAMPA FL 33623-4210**

APPROVED
AND
FILED

JUL 20 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized **11/28/1990** 3a. Date of Last Report **08/10/1994**

4. FEI Number **59-3037442** Appointed For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for independent law services ☐ Yes ☐ No Florida Statutes

9. Name and Address of Current Registered Agent

**FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND ST
#3600
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **BONNIE J. PINZEL**
82 SCHIFINO & FLEISCHER, P.A.
83 Street Address (P.O. Box Number is Not Acceptable)
One Tampa City Center, Suite 2700
84 201 North Franklin Street
85 City **Tampa** FL **33602-5174**

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(2), 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 607.06(5), Florida Statutes.

SIGNATURE *Bonnie J. Pinzel*

7/7/95

12. OFFICERS AND DIRECTORS

12.1 NAME	PDT
12.2 NAME	CLUBB, SAMUEL B.
12.3 STREET ADDRESS	514 HAVERHILL LANE
12.4 CITY, ST, ZIP	SAFETY HARBOR FL
12.5 NAME	DVS
12.6 NAME	SHAVER, EDWARD F.
12.7 STREET ADDRESS	22852 CYPRESS TRAIL DR
12.8 CITY, ST, ZIP	LUTZ FL 33549
12.9 NAME	D
12.10 NAME	GLOGOWER, THOMAS M
12.11 STREET ADDRESS	3716 LIME KILN LN
12.12 CITY, ST, ZIP	LOUISVILLE KY 40222
12.13 NAME	D
12.14 NAME	LYNCH, RICHARD J
12.15 STREET ADDRESS	600 NW 9TH CT
12.16 CITY, ST, ZIP	BOCA RATON FL
12.17 NAME	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

13.1 TITLE	☒ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	Safety Harbor, FL 34695
13.5 TITLE	☒ Change ☐ Addition
13.6 NAME	DV
13.7 STREET ADDRESS	Shaver, Edward F.
13.8 CITY, ST, ZIP	22852 Cypress Trail Drive
13.9 CITY, ST, ZIP	Lutz, FL 33549
13.10 TITLE	☒ Change ☐ Addition
13.11 NAME	This officer to be
13.12 STREET ADDRESS	deleted effective immediately.
13.13 CITY, ST, ZIP	
13.14 TITLE	☐ Change ☐ Addition
13.15 NAME	000001545290
13.16 STREET ADDRESS	-07/25/95--01060--011
13.17 CITY, ST, ZIP	****233.75 ****233.75
13.18 TITLE	☐ Change ☒ Addition
13.19 NAME	SD
13.20 STREET ADDRESS	Shaver, F. Trent
13.21 CITY, ST, ZIP	1177 Foxhound Court
13.22 CITY, ST, ZIP	McLean, VA 22102
13.23 TITLE	☐ Change ☐ Addition
13.24 NAME	
13.25 STREET ADDRESS	
13.26 CITY, ST, ZIP	

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(a), 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 of made under oath. That I am an officer or director of the corporation or the employee or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 6, if changed, for my position with the corporation.

SIGNATURE: **Samuel B. Clubb, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95 (813)988-2154