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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **V19801** **(2)**

1. Corporation Name
MERRITT ISLAND TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
253 MERRITT SQUARE SUITE 616 MERRITT ISLAND FL 32952	253 MERRITT SQUARE SUITE 616 MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 04/29/1994

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: 59-3112211 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.
27 Suite, Suite, Apt. #, etc.
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip
25 Country
29 Zip
30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SOBEY, THOMAS E.
1234 TINO COURT
ORLANDO FL 32825

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	11 TITLE	DP	☑ Change ☐ Addition
NAME	MCKEEVER, R. THOMAS	12 NAME	McKeever, Elaine P.	
STREET ADDRESS	1425 MORGAN DRIVE	13 STREET ADDRESS	1425 Morgan Dr.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	14 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, R. MICHAEL	22 NAME		
STREET ADDRESS	489 ARBOR RIDGE LANE	23 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	SOBEY, LINDA M.	32 NAME		
STREET ADDRESS	1234 TINO CT.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	SEC TO LOPT	☑ Change ☐ Addition
NAME	McKeever, R. Thomas	42 NAME		
STREET ADDRESS	1425 Morgan Dr.	43 STREET ADDRESS		
CITY-ST-ZIP	Merritt Island, FL 32952	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Elaine P. McKeever Elaine P. McKeever 4/25/95 (407) 690-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431064 FP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $200.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.

Block 5. Should you desire a certificate reflecting your corporation's status after the filing of this report, check the "YES" in Block 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contribu... ncing of political campaigns for the offices of the Governor and members of the Cabinet. If you would

Block 8. Check the appropriate box. Please direct ... 52-3671.

Block 9. The law requires that each corporation ha... ntry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to c...

Block 10. Enter name of new Registered Agent and/... r mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OW...

Block 11. The new registered agent must indicate fa... ese obligations and this appointment by completing and signing in Block 11. No signature is neces... is a different corporation, the person signing must state their position with the corporation. NOTE:

Block 12. Block 12 contains the last information on ... s in block 12, corrections or additions are to be made in block 13. If there is no change in the infor...

Block 13. Block 13 is for changes or additions to the ... inted and legible. Use the following type symbols on the title line: *P=President; V=Vice President; ... ector. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* NOTE: A C... DER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Sta... list street addresses. If there is no street address, enter the mailing address and "N/A".

Note: This change of President was submitted on 1994 Report, but was never changed on This form (By your office). Please ensure the change(s) are now Incorporated. Thanks! Kareas and Rick! ☺

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.