

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:11

DOCUMENT # V22865 (2)
1. Corporation Name
ADVANCED ELECTRONICS, INC.

Principal Place of Business
**1635 LEON RD
JACKSONVILLE FL 32246
US**

Mailing Address
**1635 LEON RD
JACKSONVILLE FL 32246
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/20/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3118573** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 **5111-G BAYMEADOWS RD**
Suite, Apt. #, etc.
22 **SUITE # 335**
City & State
23 **JACKSONVILLE, FL.**
Zip
24 **32217** Country
25 **U.S.**

2a. Mailing Address
26 **5111-G BAYMEADOWS RD.**
Suite, Apt. #, etc.
27 **SUITE # 335**
City & State
28 **JACKSONVILLE, FL.**
Zip
29 **32217** Country
30 **U.S.**

9. Name and Address of Current Registered Agent

**NEWGENT, DON KELLER JR
1635 LEON RD
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
8855 HEAVENSIDE CT.
83
84 City **JACKSONVILLE** FL 85 Zip Code **32257**

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 **DON KELLER NEWGENT JR. - PRESIDENT** 4-10-95
Signature, typed, printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **NEWGENT, DON KELLER JR**
STREET ADDRESS **1635 LEON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **NEWGENT, DON KELLER JR.**
1.3 STREET ADDRESS **8855 HEAVENSIDE CT.**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32257**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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.

SIGNATURE: **DON K. NEWGENT JR.** 4-10-95 (904) 448-2679
Signature and typed or printed name of signing officer or director Date (Typed Name)