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 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36996** **(9)**

1. Corporation Name
RADOME ENGINEERING, INC.

Principal Place of Business	Mailing Address
3101 SW 34 AVE 905-222 OCALA FL 34474 US	3101 SW 34 AVE 905-222 OCALA FL 33474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business
21
2a. Mailing Address
26 Same
Suite, Apt. #, etc.
22 905-425
Suite, Apt. #, etc.
27
City & State
23
City & State
28
Zip 24 County 25 Zip 29 County 30

4. FEI Number: **59-3123772** ☐ 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 § 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HORAK, NADEENE 3101 SW 34 AVE #905-222 OCALA FL 34474	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 607.1905, 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. The 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 607.325, Florida Statutes.

SIGNATURE(S) (Typed or Printed Name of Registered Agent) (Typed or Printed Name of New Registered Agent, if Applicable) (Date)

12. OFFICER AND DIRECTOR		13. ADDITION, CHANGES, TO OFFICERS AND DIRECTORS	
TYPE	T	TYPE	☐ Change ☐ Addition Same
NAME	PERRY, LEON	NAME	Same
STREET ADDRESS	401 MARLIN ROAD	STREET ADDRESS	Same
CITY-ST-ZIP	NORTH PALM BEACH FL	CITY-ST-ZIP	same -33408
TYPE	S	TYPE	☐ Change ☐ Addition Same
NAME	STUART, MARILYN	NAME	Same
STREET ADDRESS	401 MARLIN ROAD	STREET ADDRESS	same
CITY-ST-ZIP	NORTH PALM BEACH FL	CITY-ST-ZIP	same - 33408
TYPE	P	TYPE	☒ Change ☐ Addition same
NAME	HORAK, NADEENE	NAME	same
STREET ADDRESS	3101 SW 34 AVE #905-222	STREET ADDRESS	3101 sw 34 ave, #905-425
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	same - 34474
TYPE	VD	TYPE	☒ Change ☐ Addition same
NAME	GORAK, ROBERT G	NAME	Robert G. HORAK
STREET ADDRESS	3101 SW 34 AVE #905-222	STREET ADDRESS	same
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	same
TYPE	V	TYPE	☒ Change ☐ Addition Remove, no longer V.
NAME	DECHOUDENS, STEVE	NAME	remove
STREET ADDRESS	1317 SAND LAKE CIR	STREET ADDRESS	remove
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	remove
TYPE	D	TYPE	☒ Change ☐ Addition M
NAME	HORAK, ROBERT J	NAME	same
STREET ADDRESS	3101 SW 34 AVE #905-222	STREET ADDRESS	3101 sw 34 ave, #905-425
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	same - 34474

14. I hereby certify that the information supplied with this filing is accurate, and that such filing complies with the requirements of section 607.1622(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 asterisk (*) or is otherwise indicated.

SIGNATURE: Nadeene Horak Nadeene HORAK 4/28/95 904-624-3502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0351345 CP