

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 APR 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **160269** (7)
1. Corporation Name
ELECTRO-SYSTEMS CORPORATION

Principal Place of Business Mailing Address
4508 MAGNOLIA BEACH ROAD **4508 MAGNOLIA BEACH ROAD**
P.O. BOX 27700 **P.O. BOX 27700**
PANAMA CITY FL 32411-4700 **PANAMA CITY FL 32411-4700**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/20/1950** 3a. Date of Last Report **07/07/1994**

4. FEI Number **59-0626059** 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. 194.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMERON, BRONWEN D.
4508 MAGNOLIA BEACH ROAD
PANAMA CITY BCH. FL 32407

81 Name **DUKATE-BISHOP, BRONWEN M.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 *(name change only)*
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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	BISHOP, J. W
STREET ADDRESS	113 MARLIN CIR.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	ST
NAME	GODWIN, MARK
STREET ADDRESS	427 BUNKERS COVE RD.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	P
NAME	CAMERON, MS. BRONWEN
STREET ADDRESS	113 MARLIN CIR
CITY - ST - ZIP	PANAMA CITY BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUKATE-BISHOP, MS. BRONWEN
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(4), 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:

Bronwen M. Duke-Bishop

4/11/95

Date

904 234-9202

Daytime Phone #