

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 15 1996 8:00 am  
Secretary of State

DOCUMENT # 255680 (1)

1. Corporation Name

SYMETRICS INDUSTRIES, INC.

Principal Place of Business

557 N HARBOR CITY BV  
MELBOURNE FL 32935

Mailing Address

557 N HARBOR CITY BV  
MELBOURNE FL 32935



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified  
02/05/1962

3a. Date of Last Report  
02/21/1995

4. FEI Number

59-0954868

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARNER, DUDLEY E., JR.  
557 N HARBOR CITY BLVD  
MELBOURNE FL 32935

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 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PCT                    | <input type="checkbox"/> DELETE |
| NAME           | GARNER, DUDLEY E.      |                                 |
| STREET ADDRESS | 557 N HARBOR CITY BLVD |                                 |
| CITY, ST, ZIP  | MELBOURNE, FL 00000    |                                 |
| TITLE          | DS                     | <input type="checkbox"/> DELETE |
| NAME           | BEACH, JANE J.         |                                 |
| STREET ADDRESS | 557 N HARBOR CITY BLVD |                                 |
| CITY, ST, ZIP  | MELBOURNE, FL 00000    |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | TERRY, MICHAEL E       |                                 |
| STREET ADDRESS | 557 N HARBOR CITY BLVD |                                 |
| CITY, ST, ZIP  | MELBOURNE, FL 00000    |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY, ST, ZIP  |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |                                                                              |
|--------------------|--------------------------|------------------------------------------------------------------------------|
| 1. TITLE           | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME            | Claire, Earl J.          |                                                                              |
| 3. STREET ADDRESS  | 501 Green St. Suite 400  |                                                                              |
| 4. CITY, ST, ZIP   | Augusta, GA 30901        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5. TITLE           | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6. NAME            | Sinclair, Jerry L.       |                                                                              |
| 7. STREET ADDRESS  | 557 N. Harbor City Blvd. |                                                                              |
| 8. CITY, ST, ZIP   | Melbourne, FL 32935      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 9. TITLE           | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 10. NAME           | Szpendyk, Anton          |                                                                              |
| 11. STREET ADDRESS | 557 N. Harbor City Blvd. |                                                                              |
| 12. CITY, ST, ZIP  | Melbourne, FL 32935      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 13. TITLE          | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 14. NAME           | Nichols, Richard         |                                                                              |
| 15. STREET ADDRESS | 557 N. Harbor City Blvd  |                                                                              |
| 16. CITY, ST, ZIP  | Melbourne, FL 32935      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 17. TITLE          | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 18. NAME           | McKegg, William Campbell |                                                                              |
| 19. STREET ADDRESS | 557 N. Harbor City Blvd. |                                                                              |
| 20. CITY, ST, ZIP  | Melbourne, FL 32935      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 21. TITLE          | V                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME           | Garner, D. Mitchell      |                                                                              |
| 23. STREET ADDRESS | 557 N. Harbor City Blvd. |                                                                              |
| 24. CITY, ST, ZIP  | Melbourne, FL 32935      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 199.07(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:

*Dudley E. Garner, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 31, 1996*  
DATE

*407-254-1500*  
TELEPHONE NUMBER

CR2E034 (12/95)