

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 01 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**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 32935-6860**

3. Date Incorporated or Qualified **02/05/1962** 3a. Date of Last Report **02/15/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **1615 W. NASA BLVD.** 26 **1615 W. NASA BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State  
23 **Melbourne, FL** 28 **Melbourne, FL**

Zip Country Zip Country  
24 **32901** 25 **Florida** 29 **32901** 30 **Florida**

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**  
**1615 W. NASA BLVD.**  
**Melbourne, FL 32901**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARNER, DUDLEY E.</b>	1.2 NAME	<b>Nichols, Richard</b>
STREET ADDRESS	<b>557 N HARBOR CITY BLVD</b>	1.3 STREET ADDRESS	<b>4400 Dairy Road</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Melbourne FL 32904</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEACH, JANE J.</b>	2.2 NAME	<b>Matt 666, William</b>
STREET ADDRESS	<b>557 N HARBOR CITY BLVD Apt 179</b>	2.3 STREET ADDRESS	<b>957 Winkler Circle NE</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLAIRE, Earl S.</b>	3.2 NAME	<b>GARNER, D. Mitchell</b>
STREET ADDRESS	<b>501 GREENE STREET, SUITE 400</b>	3.3 STREET ADDRESS	<b>773 SEYMOUR ROAD NE</b>
CITY-ST-ZIP	<b>AUGUSTA GA 30903</b>	3.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SINCLAIR, JERRY L.</b>	4.2 NAME	<b>Lyons, Robert</b>
STREET ADDRESS	<b>557 N HARBOR CITY BOULEVARD</b>	4.3 STREET ADDRESS	<b>6417 Wellington Drive</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32903</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SZPENDYK, ANTON</b>	5.2 NAME	
STREET ADDRESS	<b>557 N HARBOR CITY BOULEVARD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32903</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Terry, Michael E.</b>	6.2 NAME	
STREET ADDRESS	<b>410 W. Strawbridge Ave.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** Date **March 11, 1997** Daytime Phone # **407-254-1500**

CR2E034 (9/96)

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