

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V40393** (3)

1. Corporation Name  
**PACTRON, INC.**



Principal Place of Business Mailing Address  
**2639 ALBION STREET HOLIDAY FL 34691** **2639 ALBION STREET HOLIDAY FL 34691 US**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified **06/02/1992** 3a. Date of Last Report **03/16/1995**  
4. FEI Number **59-3127112** 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 **INSCHO, ROLAND 2639 ALBION STREET HOLIDAY FL 34691**  
10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(If the Registered Agent signature is required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	INSCHO, ROLAND	1.2 NAME	
12.3 STREET ADDRESS	2639 ALBION ST	1.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	
12.5 TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	INSCHO, SOM	2.2 NAME	V T
12.7 STREET ADDRESS	2639 ALBION ST.	2.3 STREET ADDRESS	INSCHO SOM
12.8 CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	2639 Albion St
12.9 TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Holiday FL
12.10 NAME	INSCHO, LISA M	3.2 NAME	
12.11 STREET ADDRESS	2639 ALBION ST	3.3 STREET ADDRESS	
12.12 CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-ST-ZIP		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)(k), 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: *Roland Inscho* *Roland Inscho* 12 Feb 96 813 934 4223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)