

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

55 APR 28 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 305431 (9)

1. Corporation Name

ORDNANCE RESEARCH INC

Principal Place of Business

**135 ELDREDGE ROAD
FORT WALTON BEACH FL 32547-1346**

Mailing Address

**135 ELDREDGE ROAD
FORT WALTON BEACH FL 32547-1346
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1966

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

21 135 ELDREDGE ROAD

2a. Mailing Address

26 135 ELDREDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FT. WALTON BCH., FL

27 City & State

28

24 Zip

92547

Country

29 Zip

30

Country

4. FEI Number

59-1143368

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. 190.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**HAL R. WAITE
135 ELDREDGE ROAD
FT. WALTON BCH FL 32548**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WAITE, HAL R
STREET ADDRESS	ELDREDGE ROAD
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	VST
NAME	WAITE, REBA M.
STREET ADDRESS	ELDREDGE ROAD
CITY - ST - ZIP	FT WALTON BCH FL
TITLE	D
NAME	EACHUS, CLARICE
STREET ADDRESS	6334 N. TENTH STREET
CITY - ST - ZIP	FRESNO CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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:

Hal Waite

HAL WAITE

04-21-95

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Signature Page #)