

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:25

DOCUMENT # 825322 (1)

1. Corporation Name  
AIRTRON, INC.

Principal Place of Business Mailing Address  
7813 N. DIXIE DRIVE 7813 N. DIXIE DRIVE  
DAYTON OH 45414 DAYTON OH 45414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1970  
3a. Date of Last Report 02/14/1994

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

4. FEI Number 31-0790368 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  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 agent 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 non-director) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JENNINGS, JAMES D.
STREET ADDRESS	7813 NORTH DIXIE DR.
CITY - ST - ZIP	DAYTON OH
TITLE	VTS
NAME	JOHNSTON, TIMOTHY
STREET ADDRESS	7813 NORTH DIXIE DR.
CITY - ST - ZIP	DAYTON OH
TITLE	D
NAME	SIEFRING, RICHARD M.
STREET ADDRESS	7813 NORTH DIXIE DR.
CITY - ST - ZIP	DAYTON OH
TITLE	D
NAME	WILKERSON, DALE
STREET ADDRESS	11807 LITTLE RD
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	BECKER, STEPHEN
STREET ADDRESS	1728 CHURCHMAN AVE.
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	D
NAME	MILLER, JAMES
STREET ADDRESS	4380 CREEK RD
CITY - ST - ZIP	CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D MILLER, JAMES
6.3 STREET ADDRESS	520 COMMERCIAL DR.
6.4 CITY - ST - ZIP	FAIRFELD, OH 45014

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)(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 I were to appear in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0-1-95  
Date