

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:34

DOCUMENT # **L59124** (2)

1. Corporation Name
GENTRY ELECTRONICS & INSTRUMENTATION, INC.

Principal Place of Business Mailing Address
6220 S.O.B.T., SUITE 105 **6220 S.O.B.T., SUITE 105**
C/O ROBERT J. THEODORE **C/O ROBERT J. THEODORE**
ORLANDO FL 32809-2698 **ORLANDO FL 32809-2698**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **9501 KILGORE RD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **ORLANDO, FLORIDA**
23 Zip 24 **32836** 25 Country 29 **USA** 30

3. Date Incorporated or Qualified **03/19/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3009177** 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
THEODORE, ROBERT J.
6220 S.O.B.T.
SUITE 105
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name **THEODORE, ROBERT J.**
82 Street Address (P.O. Box Number is Not Acceptable) **9501 KILGORE RD.**
83
84 City **ORLANDO, FL** 85 Zip Code **32836**

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 **ROBERT J. THEODORE PRES** *Robert J. Theodore* **Pres.** **FEB. 9, 1995**
Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is not when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	THEODORE, ROBERT J.
STREET ADDRESS	6220 S.O.B.T., SUITE 105
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	DUKE ROBERT L.
STREET ADDRESS	6208 N. HATCHER AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THEODORE, ROBERT J	
1.3 STREET ADDRESS	9501 KILGORE RD.	EFFECTIVE 5/1/95
1.4 CITY - ST - ZIP	ORLANDO, FL. 32836	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE	
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 type="checkbox"/> Change <input type="checkbox"/> 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 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 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 187, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT J. THEODORE PRES** *Robert J. Theodore* **FEB. 9 '95** (407) 876-6927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING OR DIRECTOR