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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000085505 (3)**
1. Corporation Name
SENSORPHYSICS, INC.

Principal Place of Business Mailing Address
**26 YANKEE POINT DR
CARMEL CA 93923** **26 YANKEE POINT DR
CARMEL CA 93923**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/23/1994

2. Principal Place of Business 2a. Mailing Address
21 **105 Kelleys Trail** 2a. **105 Kelleys Trail**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-3281568 Not Applicable

22 27
City & State City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Oldsmar FL** 28 **Oldsmar FL**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

24 **34677** 25 **Pinellas** 29 **34677** 30 **Pinellas**

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

**MARQUARDT, STEPHANIE
911 CHESTNUT ST
CLEARWATER FL 34616**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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)

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

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FOREST, GARY T
STREET ADDRESS	28 YANKEE POINT DR
CITY ST ZIP	CARMEL FL 93923
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	
11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Forrest, Gary T
13 STREET ADDRESS	105 Kelleys Trail
14 CITY ST ZIP	Oldsmar FL 34677
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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. 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: *Gary Forrest* **Gary T. Forrest** **4/10/95 813-781-4240**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number