FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

INSTRUMENT CONTROL SERVICE, INC.

FILED May 12 1998 8:00am Secretary of State



							<u> </u>	li adali delem elemin			
Principal Place of Business Mailing Address							Treates with said said said said also did also also also also also also also also				
P O BOX 7126 PENSACOLA FL \$2534			P O BOX 7126 PENSACOLA FL 32534				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							09/12/1967				
2. Principal Place of Business 2a.			2a. Mailing Address	Mailing Address		4. FEI Number		Applied For			
21			26 PO BOX 2210	26 PO BOX 2216			59-1200550		Not Applicable		
22	Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 Additional Fee Required		
	City & State		City & State	City & State			8. Election Campaign Financing		\$5.00 May Be		
23			28 SCHENECTADY	28 SCHENECTADY, NY			Trust Fund Contribution		Added to Fees		
	Zip	Country	^{Zip} 12301-2216	12301-2216 Country US			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
[25] [29] 1230112210 [30] S. Name and Address of Current Registered Agent							10. Name and Address of New Re				
						Name	(O, Italia and Italia	gioloi ou Agoi	' <u>`</u>		
CT CORPORATION SYSTEM 1200 \$. PINE ISLAND ROAD PLANTATION FL 33324					81	(10.110					
					B2	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
					33						
				[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, Fic. *a Statutes.											
ŞI	SIGNATURE										
Signature, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12	12. OFFICERS AND DIRECTORS 13.			13.			ADDITIONS/CHANGES TO OFFICE	CERS AND DIR	ECTORS IN 12		

SIGNATURE Signature, typad or printed name of registered agent and their sppt cable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	Signature, typoid or printed name of registered agent and life if OFFICERS AND DIREC		tegistered Agent signature	AND DIRECTOR	S IN 12						
TITLE	V	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition					
NAME	BREWTON, BILLY G	A Decem	1.2 NAME	<u>v</u>	C. Orango	ZE FROGRAM					
	4300 W FRANCISCO 39			PAUL A. FRECHETTE							
STREET ADDRESS	PENSACOLA FL		1.3 STREET ADDRESS	Pensalula 22 sgutha							
CITY-ST-ZIP	L <u></u>	T or ere	1.4 CITY-ST-ZIP			- Test 4					
TITLE	VST	X DELETE	2.1 TITLE	ST	Change	XI Addition					
NAME	MOORE, RAYMOND, A		2.2 NAME	AMY G. CROSSWAIT		ļ					
STREET ADDRESS	4359 D'EVEREUX CIRCLE		2.3 STREET ADDRESS	2420 HWY. 29 SOUTH							
CITY-ST-ZIP	PENSACOLA, FL 00000		2. 4 CITY - ST - ZIP	PENSACOLA FL 32534							
TITLE	Ū	X) DELETE	3.1 TITLE	VD	Change	X Addition					
NAME	V ETROMILE, JENNIFER P		3.2 NAME	LARRY E. MCKEE							
STREET ADDRESS	130 Liberty Street		3.3 STREET ADDRESS	2420 HWY. 29 SOUTH		i					
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-ST-ZIP	PENSACOLA FL 32534							
TITLE	PO	DELETE	4.1 TITLE	TOSACOLA PL J2JJ4	XI Change	Addition					
NAME	SCRUGGS, TERRY.		4. 2 NAME								
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		4.3 STREET ADDRESS	2420 HWY. 29 SOUTH							
CITY-ST-ZIP	X REMSACCEA F EXXX		4.4 CITY - ST - ZIP	PENSACOLA, FL 32534							
TITLE	D	X DELETE	5.1 TITLE	D	Change	X Addition					
NAME	ALLMENDINGER, GLEN		5.2 NAME	REUBEN D. DICKENSON							
STREET ADDRESS	10 HOUSTON STREET		5 3 STREET ADDRESS	2420 HWY. 29 SOUTH							
CITY-ST-ZIP	WEST ROXBERRY MA		5.4 CITY - ST - ZIP	PENSACOLA FL 32534							
TITLE		DELETE	61 TITLE	VAT	Change	Addition					
NAME			6.2 NAME	MARK E. BUCHANAN							
STREET ADDRESS			6.3 STREET ADDRESS	12 CORPORATE WOODS BLVD							
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ALBANY NY 12211 - 2012							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

MARK BUCHANAN

1/20/00 /F103/00 /000