FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 10 AM 8:31

DOCUMENT # **377890** **(9)**

1. Corporation Name

DEVTRONICS, INC.

Principal Place of Business	Mailing Address
1571 MAIN ST ATLANTIC BCH FL 32233	1571 MAIN ST ATLANTIC BCH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1971**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business (21) — Street Addr. #, etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Street Addr. #, etc (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **59-1540379** — 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

7. Was corporation has liability for chapter tax under s. 220.02, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DOUGLAS, ROBERT D.
67 FAIRWAY LANE
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 Zip Code

11. Pursuant to the provisions of Section 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. Florida, to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

TITLE	PD
NAME	DOUGLAS, ROBERT D.
STREET ADDRESS	67 FAIRWAY LANE
CITY ST ZIP	JACKSONVILLE BCH FL
TITLE	VD
NAME	DOUGLAS, PATSY J.
STREET ADDRESS	67 FAIRWAY LANE
CITY ST ZIP	JACKSONVILLE BCH FL
TITLE	SD
NAME	SULIK, JOHN J.
STREET ADDRESS	811 PT.LA VISTA RD.,N.
CITY ST ZIP	JACKSONVILLE FL
TITLE	T
NAME	DOUGLAS, PATSY J
STREET ADDRESS	67 FAIRWAY LANE
CITY ST ZIP	JACKSONVILLE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR DATA — [ ] Change [ ] Addition

14. To the best of my knowledge and belief, the information supplied with this report is true, accurate and complete. I also certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an address.

SIGNATURE: [signature] Vice President 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR CORPORATE OFFICER OR DIRECTOR — DATE

000010 CP