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

DOCUMENT # **492542** **(6)**

1. Corporation Name
INSTRUMENT ASSOCIATES, INC.

APPROVED
AND
FILED

95 MAY -1 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1103 N HWY 427 LONGWOOD FL 32750	1103 N HWY 427 LONGWOOD FL 32750

3. Date Incorporated or Qualified: **01/01/1976**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business — 21: 390 Corporate Way
2a. Mailing Address — 26: 390 Corporate Way
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **59-1635835** ☐ 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. The corporation has ability to engage in tax under S. 193.020, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADFORD, CARTER A. PARK LAKE COMMONS STE 310 600 EAST COLONIAL DR ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JAMES M.	12 NAME	000001485320
STREET ADDRESS	1103 N HWY 427	13 STREET ADDRESS	-05/12/95--01023--004
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	****233.75 ****233.75
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MILES, HARRY W.	22 NAME	
STREET ADDRESS	1103 N HWY 427	23 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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 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.

SIGNATURE: James M Harris 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date

0040765 CP