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

1996 - CORP

VENDOR # FL1855

ACCOUNT # 01-870000-15

DUE DATE B/4 5/1/96 $208.75

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**INSTRUMENT ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 390 CORPORATE WAY<br>LONGWOOD FL 32750 | 390 CORPORATE WAY<br>LONGWOOD FL 32750 |

3. Date Incorporated or Qualified: 01/01/1976

3a. Date of Last Report: 05/01/1995

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 13891 JETPORT LOOP | 26 13891 JETPORT LOOP |
| 22 Suite, Apt. #, etc. SUITE 19 | 27 Suite, Apt. #, etc. SUITE 19 |
| 23 City & State FT. MYERS, FL | 28 City & State FT. MYERS, FL |
| 24 Zip 33913 25 Country U.S. | 29 Zip 33913 30 Country U.S. |

**9. Name and Address of Current Registered Agent**

BRADFORD, CARTER A.
PARK LAKE COMMONS STE 310
600 EAST COLONIAL DR
ORLANDO FL 32803

**10. Name and Address of New Registered Agent**

81 Name: BRUCE BRUST

82 Street Address (P.O. Box Number is Not Acceptable): INSTRUMENT ASSOCIATES, INC.

83: 13891 JETPORT LOOP S-19

84 City: FT. MYERS FL 85 Zip Code: 33913

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 X _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing/altering)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HARRIS, JAMES M.<br>1103 N HWY 427<br>LONGWOOD FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SD<br>BRUST, BRUCE<br>13891 JETPORT LOOP S-19<br>FT. MYERS FL 33913 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MILES, HARRY W.<br>1103 N HWY 427<br>LONGWOOD FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BRUST, BRUCE | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | 700001746597<br>-03/18/96--01040--003 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ***208.75 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

3/18/96 PS

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)(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; 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:** X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #