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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 582372 (9)

**1. Corporation Name
F. K. INSTRUMENT CO., INC.**

**Principal Place of Business Mailing Address
2134 SUNNYDALE BLVD. 2134 SUNNYDALE BLVD.
CLEARWATER FL 34625 CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/16/1978 3a. Date of Last Report 05/01/1994

| | | | | | | | |
|---------------------------------------|---------|----------------------------|---------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-1843057 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> | |
| 23 | | 28 | | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | | | |
| 24 | | 29 | | | | | |
| 25 | | 30 | | | | | |

| | | | | | | | |
|--|--|--|--|--|--------------------|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KLOPFER, ALFRED H. 2134 SUNNYDALE BLVD CLEARWATER, FL 34625 | | | | 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|----------------------------|--|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLOPFER, ALFRED H | 1.2 NAME | |
| STREET ADDRESS | 1536 STURBRIDGE CT | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DUNEDIN FL | 1.4 CITY - ST - ZIP | |
| TITLE | VST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRIS, BARBARA | 2.2 NAME | |
| STREET ADDRESS | 65 HICKORY GAP ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FRANKLIN NC | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRIS, BARBARA | 3.2 NAME | |
| STREET ADDRESS | 65 HICKORY GAP ROAD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | FRANKLIN NC | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 110.07(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 of this filing, with an address.

SIGNATURE: *Alfred H. Klopfer* **ALFRED H. KLOPFER** **4/15/95**
Signature and typed or printed name of signing officer or director