

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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: 2134 SUNNYDALE BLVD. CLEARWATER FL 34625  
Mailing Address: 2134 SUNNYDALE BLVD. CLEARWATER FL 34625

3. Date Incorporated or Qualified: 08/16/1978  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 59-1843057 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. 199.03? Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**KLOPFER, ALFRED H.  
2134 SUNNYDALE BLVD  
CLEARWATER, FL  
34625**

10. Name and Address of New Registered Agent  
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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: PD  
NAME: KLOPFER, ALFRED H  
STREET ADDRESS: 1536 STURBRIDGE CT  
CITY - ST - ZIP: DUNEDIN FL  
[ ] DELETE  
TITLE: VST  
NAME: KRIS, BARBARA  
STREET ADDRESS: 85 HICKORY GAP ROAD  
CITY - ST - ZIP: FRANKLIN NC  
[ ] DELETE  
TITLE: D  
NAME: KRIS, BARBARA  
STREET ADDRESS: 85 HICKORY GAP ROAD  
CITY - ST - ZIP: FRANKLIN NC  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE [ ] Change [ ] Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE [ ] Change [ ] Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE [ ] Change [ ] Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE [ ] Change [ ] Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE [ ] Change [ ] Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

100001891401  
-07/11/96--01081--027  
\*\*\*225.00

7/21/96  
[Signature]

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred H. Klopfer 7-2-96 813/461-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D.C. (Typed Print #)

CR2E034 (3/96)