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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 673264 (8)MOBILE INSTRUMENT SERVICE AND REPAIR, INC. Principal Place of Business Mailing Address % KIM A HORN 36436 MILL CREEK ROAD % KIM A HORN 36436 MILL CREEK ROAD EUSTIS FL 32726-9383 EUSTIS FL 32726-9383 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1980 04/19/1995 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 21 26 59-2003184 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žιο Country 8. This corporation has liability lor intangible tax under s 199 032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HORN, KIM A. 81 Name 36436 MILL CREEK ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **EUSTIS FL 32726** 83 84 City 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 agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors it heroby accept the appointment as registered agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or perced can elof regulated agent and the trappicable (NOTE Register J Agent signature required when renstitling) (DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE 1 1 TITLE Change Addition HORN, KIM A. NAME 1.2 NAME 36436 MILL CREEK ROAD CR2E034 STREET ADDRESS 1.3 STREET ADDRESS **EUSTIS FL** CITY-ST-ZIP 14 C!TY - ST- ZIP TITLE DELETE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 THTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 C(TY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIP 6 4 CHTY - 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 119.07(3)(k). Fronda Statutes 1 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI