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

APPROVED AND FILED
95 APR 25 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **680840** **(6)**

1. Corporation Name
DATRONICS, INC.

Principal Place of Business	Mailing Address
4512 PINE CONE PLACE C/O ROBERT L. DAVIS, SR. COCOA FL 32926	4512 PINE CONE PLACE C/O ROBERT L. DAVIS, SR. COCOA FL 32926

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1990
3a. Date of Last Report: 06/07/1994

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

4. FEI Number: 59-2021089 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS SR., ROBERT L.
614 WAVESIDE DRIVE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: DAVIS Sr-Robert L.
82 Street Address (P.O. Box Number is Not Acceptable): 692 Sheridan Woods Dr.
83
84 City: West Melbourne FL 85 Zip Code: 32904

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	DAVIS SR., ROBERT L.	12 NAME	Davis, Sr-Robert L.
STREET ADDRESS	614 WAVESIDE DRIVE	13 STREET ADDRESS	692 Sheridan Woods Dr.
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	West Melbourne Fl. 32904
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	DAVIS, FRANCES L.	22 NAME	Davis, Frances L.
STREET ADDRESS	614 WAVESIDE DRIVE	23 STREET ADDRESS	692 Sheridan Woods Dr.
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	West Melbourne Fl. 32904
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	

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: Robert L Davis - Robert L Davis Sr. PD 407-636-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A01 CP