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 MAY -1 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J32102** **(2)**

1. Corporate Name

CALIBRATION AND QUALITY CONTROL, INC.

Principal Place of Business

104 CHAVERS ROAD
MILTON FL 32570

Mailing Address

104 CHAVERS ROAD
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/05/1986**

3a. Date of Last Report: **05/01/1994**

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 County — 25

Zip — 29 County — 30

4. FEI Number: **59-2734963** ☐ 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

9. Name and Address of Current Registered Agent

GARNETT, FRED ALLEN
1340 BALSAM STREET
MILTON FL 32570

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
91	PD	☐ Change ☐ Addition
92 NAME	GARNETT, FRED ALLEN	
93 STREET ADDRESS	1340 BALSAM STREET	
94 CITY ST ZIP	MILTON FL	
101	VD	☐ Change ☐ Addition
102 NAME	KINGSMORE, MARTIN W.	
103 STREET ADDRESS	100 W. JAMES ST., APT. C	
104 CITY ST ZIP	MILTON FL	
111		☐ Change ☐ Addition
112 NAME		
113 STREET ADDRESS		
114 CITY ST ZIP		
121		☐ Change ☐ Addition
122 NAME		
123 STREET ADDRESS		
124 CITY ST ZIP		
131		☐ Change ☐ Addition
132 NAME		
133 STREET ADDRESS		
134 CITY ST ZIP		
141		☐ Change ☐ Addition
142 NAME		
143 STREET ADDRESS		
144 CITY ST ZIP		
151		☐ Change ☐ Addition
152 NAME		
153 STREET ADDRESS		
154 CITY ST ZIP		
161		☐ Change ☐ Addition
162 NAME		
163 STREET ADDRESS		
164 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), 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 13 above, or on an attachment with an entry.

SIGNATURE: (MARTIN W. KINGSMORE) 5/1/95 (904)623-8640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0391470 CP