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 19 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000019251 (6)

1. Corporate Name

OCALA INSTRUMENTS & RESEARCH, INC.

Principal Place of Business	Mailing Address
2901 SW 41 ST APARTMENT 2104 OCALA FL 34474-7434 US	2901 SW 41 ST APARTMENT 2104 OCALA FL 34474-7434 US

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-3193739 ☐ 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

INGVARSSON, KRISTJAN
2901 SW 41 ST
APT 2104
OCALA FL 34474-7434

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 ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	PS
NAME	INGVARSSON, KRISTJAN
STREET ADDR	2901 SW 41 ST., APT. 2104
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDR	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDR	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDR	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDR	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDR	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (six blocks of TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition — blank)

14. I 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)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] (KRISTJAN INGVARSSON) May 4 904-237 4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0351477 CP