

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019251 (6)

1. Corporation Name

OCALA INSTRUMENTS & RESEARCH, INC.

Principal Place of Business

~~2901 SW 41 ST
APARTMENT 2104
OCALA FL 34474-7434
US~~

Mailing Address

~~2901 SW 41 ST
APARTMENT 2104
OCALA FL 34474-7434
US~~

2. Principal Place of Business

21 5921 PINTO LANE

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip **32822**

Country **US**

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

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Zip

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Country

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City

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Street Address (P.O. Box Number is Not Acceptable)

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City

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

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Zip Code

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

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FL

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Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1993

3a. Date of Last Report

05/01/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Sep 3 97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PS**
STREET ADDRESS **INGVARSSON, KRISTJAN**
CITY-ST-ZIP **2901 SW 41 ST., APT. 2104**
OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

Sep 3 1997 (407) 248 4450

FILED
Sep 17 1997 8:00am
Secretary of State



CR2E034 (4/97)