

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000023409 (3)

1. Corporation Name

EDT INSTRUMENTS, INC.



Principal Place of Business

Mailing Address

1106 N PARSONS AVE  
BRANDON FL 33510

1106 N PARSONS AVE  
BRANDON FL 33510

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1421 Massaro Blvd.

26 1421 Massaro Blvd.

4. FEI Number

59-3231791

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33619

25 Hillsborough

29 33619

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, JAMES C  
100 2ND AVE S  
SUITE 400N  
ST PETERSBURG FL 33701

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

James C. Rowe

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

(NOTE: Registered Agent signature required when reinstating.)

03-08-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME LUNDIN, RUNE  
STREET ADDRESS 1106 N. PARSONS AVENUE  
CITY-ST-ZIP BRANDON F

TITLE VP ☐ DELETE

NAME HUGHES, JUDI  
STREET ADDRESS C/O 1106 N. PARSONS AVENUE  
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-96

813-621-6076

Date

Daytime Phone #

CR2E034 (12/95)