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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087785 (9)

1. Corporation Name

XENOTRONIX OF FLORIDA, INC.

Principal Place of Business

1031 MILLER DR.
ALTAMONTE SPRINGS FL 32750

Mailing Address

1031 MILLER DR.
ALTAMONTE SPRINGS FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Quantity

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Quantity

24

9. Name and Address of Current Registered Agent

SOBERING GRAY & WHITE, P.A.
201 S. ORANGE AVE.
SUITE 760
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 (Type or printed name of registered agent and title if applicable)

DATE (Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GEERY, MICHAEL J
STREET ADDRESS 1031 MILLER DR.
CITY ST ZIP ALTAMONTE SPRINGS FL 32750

TITLE D
NAME GEERY, MICHELLE A
STREET ADDRESS 1031 MILLER DR.
CITY ST ZIP ALTAMONTE SPRINGS FL 32750

TITLE D
NAME DILS, ERIC A
STREET ADDRESS 1031 MILLER DR.
CITY ST ZIP ALTAMONTE SPRINGS FL 32750

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Michael J. Geery
MICHAEL J. GEERY, MICHAEL A. GEERY, ERIC A. DILS

Sandra B. Northam
SANDRA B. NORTHAM

39-95 (407) 331-4143