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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 AM 10:47

DOCUMENT # **V30594** **(8)**

1. Corporation Name
INNOVATION INSTRUMENTS, INC.

Principal Place of Business	Mailing Address
2620-2 W TENNESSEE ST TALLAHASSEE FL 32304	2620-2 W TENNESSEE ST TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1992	3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-3214007	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUBIK, STEPHEN J. 155 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301	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] STEPHEN J. KUBIK 6/2/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, PETER S.	12 NAME	
STREET ADDRESS	260-2 W TENNESSEE ST	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, GRAINNE	22 NAME	
STREET ADDRESS	2620-2 W TENNESSEE ST	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DREW, J. EVERITT	32 NAME	
STREET ADDRESS	215 DELTA CT	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KUBIK, STEPHEN J.	42 NAME	
STREET ADDRESS	155 OFFICE PLAZA DR	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BUTLER, WILLIAM	52 NAME	
STREET ADDRESS	822 N MONROE ST	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KELLEY, JOSEPH	62 NAME	
STREET ADDRESS	100 N DUVAL ST	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	64 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)(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] PETER S EDWARDS 5/31/95 (904) 574-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0408596 FP