

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 9:43

DOCUMENT # **V71195** (4)
1. Corporation Name
GENERAL RESEARCH AND DEVICE CORPORATION

Principal Place of Business Mailing Address
12424 RESEARCH PKWY PO BOX 721
101 OVIEDO FL 32765
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/12/1992** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-3148710** 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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CLARKE, THOMAS L.
846 KEYSTONE CIRCLE
OVIEDO FL 32765

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 *Thomas L. Clarke* **THOMAS L. CLARKE** **5/23/95**
Signature of individual or principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PC **CLARKE, THOMAS L.** **846 KEYSTONE CIR.** **OVIEDO FL**
TITLE NAME STREET ADDRESS CITY - ST - ZIP
DV **MANNION, HELEN** **846 KEYSTONE CIR.** **OVIEDO FL**
TITLE NAME STREET ADDRESS CITY - ST - ZIP
D **BRICE, NANCY M.** **14634 SW 128TH CT RD** **MIAMI FL**
TITLE NAME STREET ADDRESS CITY - ST - ZIP
D **BRICE, NANCY M.** **14634 SW 128 CT. RD.** **MIAMI FL**

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 110.07(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 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 both in attached items with an address.

SIGNATURE: *Thomas L. Clarke* **THOMAS L. CLARKE** **5/23/95** **(407) 275-6661**
Signature of individual and typed or printed name of signing officer or director DATE (by law 1/1/95)