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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 314327

1. Corporation OXFORD	THERMOGRAPHY AND EN	NGRAVIN(G COMPANY					
Principal Place	of Business	Mailing	Address	_		LIGHTON HIGH WAND GIBER THIS WENT AND GIRL OF	1911 91911 91913 I	a:a): 9:9:1 (94)
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STONE MOUNTAIN GA 30087 STONE MOUNTAIN GA 3008				67		3. Date Incorporated or Qualifed	J, 7.JL	
						03/01/1967	1 7 44	
- D-1	of Business	2a Ma	iling Address			4. FEI Number	·	pplied For
2. Principal Place of Business		26				59-1208686	N	ot Applicable
21 Suite, Apt. 1	# etc.		te, Apt. #, etc.	·		5. Certificate of Status Desired		Additional
22	,	27				5. Certificate of Status Desired	Fee R	equired
City & State	9	Cit	y & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	•	Count	try	8. This corporation owes the current year Int	angible Yes	₩No
24	25	29		30		Personal Property Tax. 10. Name and Address of New Registered		3110
	9. Name and Address of Curre	nt Registere	d Agent		31 Name	10. Name and Address of New Registrates	, tg	
GRIE	FIN REALTY INC							
	CORAL WAY, STE #305	Mary Control		1	32 Street Add	dress (P.O. Box Number is Not Acceptable)		1
	Al FL 33145		•		33		1 1 1 1 1 1	5546
(10D U1						the same of the sa	12-1	7 (P 1) p) y fi
					B4 City	FL	1 1	Code : '
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1	508, Florida Statut	es, the ab	ove-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing it	s registered
office or re	egistered agent, or both, in the State	of Florida. S ations of: Sec	Such change was a ction 607.0505. Flo	iuthorized irida Statul	by the corporaties.	tion's board of directors. I flereby accept the appoin		· ·
	III lattillar Willi, and dosopt the cong.	21.01.0 4.,	,				3 14, 1	
SIGNATURE								
	Signature, typed or printed name of registered age				gent signature requi	ired when reinstating)		ODS IN 12
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14. I 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, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 770-279-7713 Date Daylime Phone #