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 APR -6 AM 9:19

DOCUMENT # 314388 (0)

1. Corporation Name
DICKEY SCALES, INC.

Principal Place of Business
6402 BADGER DRIVE
PO BOX 11966
TAMPA FL 33610

Mailing Address
6402 BADGER DRIVE
PO BOX 11966
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1967
3a. Date of Last Report: 05/10/1994

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

4. FEI Number: 59-1167284 — 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

9. Name and Address of Current Registered Agent
MATCHETT, PAUL
6402 BADGER DRIVE
P.O. BOX 11966
TAMPA FL 33680

10. Name and Address of New Registered Agent
81 Name: SEXTON, JAMES M.
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 M. Sexton — 1/23/95
(signature/typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	D	☐ Change ☒ Addition
NAME	SLOAN, JAMES L	12 NAME	MATCHETT, PAUL	
STREET ADDRESS	6402 BADGER DR	13 STREET ADDRESS	6402 BADGER DR	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	JOINER, JOSEPH E JR	22 NAME	DELETE	
STREET ADDRESS	6402 BADGER DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	FREE, RONNIE	32 NAME		
STREET ADDRESS	6402 BADGER DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE	D/T/S	☒ Change ☐ Addition
NAME	LAMB, GERALDINE	42 NAME		
STREET ADDRESS	6402 BADGER DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	SEXTON, JAMES M.	52 NAME		
STREET ADDRESS	6402 BADGER DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LANGFORD, JAMES	62 NAME		
STREET ADDRESS	6402 BADGER DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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)(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] — 4-3-95 — (813) 626-8120 X7307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GERALDINE LAMB