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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 314388

1. Corporation Name

DICKEY SCALES, INC.

Principal Place of Business

6402 Badger Drive  
Tampa, Florida 33610

Mailing Address

P.O. 11966  
Tampa, Florida 33610

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc

26

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SEXTON, James S.  
6402 Badger Drive  
P.O. Box 11966  
Tampa, Florida 33610

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

[ ] DELETE

NAME

MACHETT, Paul

STREET ADDRESS

6402 Badger Drive

CITY-ST-ZIP

Tampa, Florida 33610

TITLE

T

[ ] DELETE

NAME

LUDWIG, Joan L.

STREET ADDRESS

6402 Badger Drive

CITY-ST-ZIP

Tampa, Florida 33610

TITLE

PD

[ ] DELETE

NAME

SEXTON, James S.

STREET ADDRESS

6402 Badger Drive

CITY-ST-ZIP

Tampa, Florida 33610

TITLE

V/S/D

[ ] DELETE

NAME

SERAJFAR, Kia

STREET ADDRESS

6402 Badger Drive

CITY-ST-ZIP

Tampa, Florida 33610

TITLE

D

[ ] DELETE

NAME

TITUS, Bruce

STREET ADDRESS

6402 Badger Drive

CITY-ST-ZIP

Tampa, Florida 33610

TITLE

D

[ ] DELETE

NAME

TITUS, Bruce

STREET ADDRESS

6402 Badger Drive

CITY-ST-ZIP

Tampa, Florida 33610

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

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

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-06/02/99--01048--008  
\*\*\*\*550.00 \*\*\*\*550.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99

(813) 626-8120

Date

Daytime Phone #

CR2E034 (11/98)