

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 330505 (9)

1. Corporation Name

KENT METERS, INC.

Principal Place of Business

953 NE OSCEOLA AVENUE
OCALA FL 34470

Mailing Address

953 NE OSCEOLA AVENUE
OCALA FL 34470

3. Date Incorporated or Qualified
05/23/1968

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1212543

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

10. Name and Address of New Registered Agent

ANTOINE, ALBERT
6543 SE 88TH ST.
OCALA FL 34472

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVD ☐ DELETE
NAME ANTOINE, ALBERT
STREET ADDRESS 6543 SE 88TH ST.
CITY-ST-ZIP Ocala FL

1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME Grayson, Patrick T.
1.3 STREET ADDRESS Carr 112 KM 2.3
1.4 CITY-ST-ZIP Isabela, Puerto Rico 00662

TITLE D ☐ DELETE
NAME NOTLEY, J.P.W.
STREET ADDRESS BISCOT RD.
CITY-ST-ZIP LUTON, ENGLAND

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Galley, Michael J.
2.3 STREET ADDRESS Pondswick Road
2.4 CITY-ST-ZIP Luton, Bedfordshire England LU1 3LJ

TITLE VP ☐ DELETE
NAME BENNETT, P A
STREET ADDRESS 953 NE OSCEOLA AVE
CITY-ST-ZIP Ocala FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME GERARDI, THOMAS
STREET ADDRESS 1506 SE 28TH CT.
CITY-ST-ZIP Ocala FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT ANTOINE

4/13/96

Date

Daytime Phone #

CR2E034 (12/95)