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Apr 07, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 330505

1. Corporation Name

ABB WATER METERS, INC.

Principal Place of Business

953 NE OSCEOLA AVENUE  
OCALA FL 34470

Mailing Address

953 NE OSCEOLA AVENUE  
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1968

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 owes the current year Intangible  
Personal Property Tax. 'es ☒ No

2. Principal Place of Business

21 1100 SW 38th Avenue

Suite, Apt. #, etc.

22 City & State

23 Ocala, FL

Zip Country

24 34474-93725 USA

2a. Mailing Address

26 1100 SW 38th Avenue

Suite, Apt. #, etc.

27 City & State

28 Ocala, FL

Zip Country

29 34474-937430 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME GRAYSON, PATRICK T  
STREET ADDRESS CARR 112 KM 2.3  
CITY-ST-ZIP ISABELA PU ☐ DELETE

TITLE VD  
NAME GALLEY, MICHAEL J  
STREET ADDRESS PONDSWICK ROAD  
CITY-ST-ZIP LUTON BE ☒ DELETE

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

TITLE D  
NAME NOTLEY, J P W  
STREET ADDRESS BISCOT ROAD  
CITY-ST-ZIP LUTON EN ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 D  
2.3 STREET ADDRESS Harpum, Richard  
2.4 CITY-ST-ZIP Pondswick Road  
Luton, Bedfordshire England ☐ Change ☐ Addition

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS McLaughlin, William  
4.4 CITY-ST-ZIP Pondswick Road  
Luton, Bedfordshire England ☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Albert Antoine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

352-732-4670  
Daytime Phone #

CR2F034.11/98