

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **836700** (5)

1. Corporation Name
PRECISION METERS, INC.

Principal Place of Business

**11100 ASTRONAUT BLVD
ORLANDO FL 32837
US**

Mailing Address

**11100 ASTRONAUT BLVD
ORLANDO FL 32837-9202
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1976	3a. Date of Last Report 05/01/1996
21 9495 DELEGATES DRIVE		26 9495 DELEGATES DRIVE		4. FEI Number 59-1634056	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
23 ORLANDO, FL.		28 ORLANDO, FL.			
Zip	Country	Zip	Country		
24 32837-8347	25 U.S.	29 32837-8347	30 U.S.		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

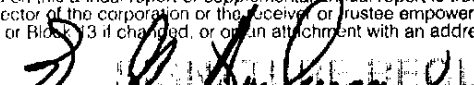
85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	LICOYS, ERIC	1.2 NAME	RICHARD BURK
STREET ADDRESS	121 BLVD HAUSSMANN	1.3 STREET ADDRESS	C/O GRAY, HARRIS, & ROBINSON P.A.
CITY-ST-ZIP	PARIS FR	1.4 CITY-ST-ZIP	ORLANDO, FL.
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DREESMAN, QUINTEN B. L.	2.2 NAME	DR. GERHARD LAHM
STREET ADDRESS	121 BLVD HAUSSMANN	2.3 STREET ADDRESS	C/O SPANNER POLLUX
CITY-ST-ZIP	PARIS FR	2.4 CITY-ST-ZIP	LUDWIGSHAFEN, W. GERMANY
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ESSER, B.	3.2 NAME	
STREET ADDRESS	C/O SPANNER-POLLUX	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUDWIGSHAFEN W GERMANY	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DERAPHELIS, GUY	4.2 NAME	
STREET ADDRESS	C/O CERTAIN TEED PRODUCT	4.3 STREET ADDRESS	C/O SPANNER POLLUX
CITY-ST-ZIP	LUDWIGSHAFEN W.	4.4 CITY-ST-ZIP	LUDWIGSHAFEN, W. GERMANY
TITLE	VP ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	THRASH, JOHN E	5.2 NAME	
STREET ADDRESS	11100 ASTRONAUT BLVD	5.3 STREET ADDRESS	9495 DELEGATES DRIVE
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL.
TITLE	P ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, E.G.	6.2 NAME	
STREET ADDRESS	REGENCY INDUSTRIAL PARK	6.3 STREET ADDRESS	9495 DELEGATES DRIVE
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO, FL.

14. I do 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward G. Anderson, Pres.
04/30/97 (407) 851-4470

Date _____ Daytime Phone # _____

CR2E034 (9/96)