

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90110 003 ***150.00

DOCUMENT # F98000001358

1. Corporation Name

PRECISION METERS, INC.



Principal Place of Business

9495 DELEGATES DRIVE
ORLANDO FL 32837

Mailing Address

9495 DELEGATES DRIVE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1998

4. FEI Number 06-1504840

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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, EDWARD	
STREET ADDRESS	9495 DELEGATES DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	THRASH, JOHN	
STREET ADDRESS	9495 DELEGATES DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HILTY, JAMES J	
STREET ADDRESS	805 LIBERTY BLVD	
CITY-ST-ZIP	DUBOIS PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEVYLDER, EDGAR P	
STREET ADDRESS	333 LUDLOW STREET	
CITY-ST-ZIP	STAMFORD CT	
TITLE	President	<input type="checkbox"/> DELETE
NAME	HARNES, DANIEL W	
STREET ADDRESS	450 N GALLATIN AVE	
CITY-ST-ZIP	UNIONTOWN PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURNS, C R	
STREET ADDRESS	CHALLENGE COURT, BARNETT WOOD LANE	
CITY-ST-ZIP	LEATHERHEAD, SURREY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres & Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barry W. Seneri	
1.3 STREET ADDRESS	8609 Six Forks Rd	
1.4 CITY-ST-ZIP	Raleigh, NC 27615	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rod Powell	
2.3 STREET ADDRESS	8609 Six Forks Rd	
2.4 CITY-ST-ZIP	Raleigh, NC 27615	
3.1 TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dan Pinney	
3.3 STREET ADDRESS	9495 Delegates Dr	
3.4 CITY-ST-ZIP	Orlando, Florida 32837	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 FOR DIRECTOR

2-3-99

407-851-4470

Date

Daytime Phone #

CR2E034 (11/98)