

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:19

DOCUMENT # H12923 (9)

1. Corporation Name

OXFORD METRICS, INC.

Principal Place of Business

7470 HIGHLAND RD
BATON ROUGE LA 70808

Mailing Address

7470 HIGHLAND RD
BATON ROUGE LA 70808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9441 COMMON STREET

2a. Mailing Address

26 9441 COMMON STREET

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE C

27 SUITE C

City & State

City & State

23 BATON ROUGE, LA

28 BATON ROUGE, LA

Zip Country

Zip Country

24 70815

25

29 70815

30

3. Date Incorporated or Qualified

07/19/1984

3a. Date of Last Report

06/16/1994

4. FEI Number

59-2432531

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GLATTHORN, GINA M, CPA
411 PASADENA AVE SOUTH
ST PETERSBURG FL 33707

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 then applicable)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PTS
CRAMP, EDMUND A.
5541 RIVERSTONE DR
BATON ROUGE LA

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

V
MORRIS, JULIAN
2 PARK LANE
APPLETON, OXON, ENGLAN

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☒ Change ☐ Addition
address
1989 BRIGHTSIDE
BATON ROUGE, LA 70820

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

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

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 110.07(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: /Edmund A. Cramp Edmund A. Cramp

/6-14-95

/5049280416