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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 020 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H92996

1. Corporation Name

PHOTOGRAMMETRIC TECHNOLOGIES, INC.

Principal Place of Business

% DEAN L. GREENO
2028 PALMETTO STREET
CLEARWATER FL 34625

Mailing Address

% DEAN L. GREENO
2028 PALMETTO STREET
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1986

4. FEI Number

59-2653711

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 33765

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 33765

30 Country

9. Name and Address of Current Registered Agent

GREENO, DEAN L.
2028 PALMETTO STREET
CLEARWATER FL 34625

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

33765

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 PD
NAME GREENO, DEAN L.
STREET ADDRESS 1624 SHELDON DR
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VD
NAME GREENO, JOYCE A.
STREET ADDRESS 1624 SHELDON DR
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE TD
NAME GREENO, JERRY D.
STREET ADDRESS 1023 MINEOLA CIRCLE
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE S
NAME NORTH, LINDA K.
STREET ADDRESS 1856 NORTHWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL

☐ 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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

5664 Bridgeton Ct.
Palm Harbor FL 34685

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Required

1-18-99

727-442-1918

CR2E034 (1/98)