

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J34684 (7)

1. Corporation Name:

MEASUREMENTS ASSOCIATES, INC.



Principal Place of Business:

PO BOX 1809
MAITLAND FL 32794

Mailing Address:

PO BOX 1809
MAITLAND FL 32794

2. Principal Place of Business:

2a. Mailing Address:

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25		30	

9. Name and Address of Current Registered Agent

MEAGHER, V M
805 TUSCARORA TRAIL
MAITLAND FL 32751

3. Date Incorporated or Qualified

09/19/1986

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2719065

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

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 607.07(2) and 607.15(6), 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.07(2) and Florida Statutes.

SIGNATURE

[Signature] **no change**

FL

85

Zip Code

3/29/96

12. OFFICERS AND DIRECTORS

TITLE	DT	☐ DELETE
NAME	STRICKLAND, SHELTON L	
STREET ADDRESS	1495 RIVERA DR	
CITY, ST, ZIP	MERRITT ISLAND FL	
TITLE	DS	☐ DELETE
NAME	MEAGHER, VINCENT	
STREET ADDRESS	805 TUSCARORA TR.	
CITY, ST, ZIP	MAITLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied herein is true and voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished on this form is true and correct, and I am aware that any signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered agent, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am included on an attached list of officers and directors.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

407-645-3063

CR2E034 (12/95)