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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J34684

(7)

1. Corporation Name

MEASUREMENTS ASSOCIATES, INC.

Principal Place of Business

PO BOX 1809  
MAITLAND FL 32784

Mailing Address

PO BOX 1809  
MAITLAND FL 32784

2. Principal Place of Business

21 1495 RIVIERA DRIVE

Suite, Apt. #, etc.

22

City & State

23 MERRITT ISLAND, FL

Zip

24 32952-5663

Country

25 BREVARD

2a. Mailing Address

26 1495 RIVIERA DRIVE

Suite, Apt. #, etc.

27

City & State

28 MERRITT ISLAND, FL

Zip

29 32952-5663

Country

30 BREVARD

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

04/03/1996

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

STRICKLAND, SHELTON L.

82

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

1495 RIVIERA DRIVE

83

84 City

MERRITT ISLAND, FL

85

Zip Code  
32952

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

*S. L. Strickland*

S.L. Strickland-Director

Jan. 15, 1997

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 DT ☐ DELETE

NAME STRICKLAND, SHELTON L.

STREET ADDRESS 1495 RIVIERA 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 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:

*S. L. Strickland* S.L. STRICKLAND - Director

Jan. 15, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)