

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K45138** (0)

1. Corporation Name

TELEMETRY SYSTEMS FOR UTILITIES, INC.



Principal Place of Business

Mailing Address

**4634 ASHTON ROAD
SARASOTA FL 34233
US**

**4634 ASHTON ROAD
SARASOTA FL 34233
US**

3. Date Incorporated or Qualified
11/15/1988

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 **6260 Colan Place
Sarasota, Florida 34240
(941) 377-6711**

26 **6260 Colan Place
Sarasota, Florida 34240
(941) 377-6711**

22 City & State

27

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0082169

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAINARD, MILLAR J
1221 PEPPERTREE DRIVE
SARASOTA FL 34242**

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 for printed name of registered agent and title in application

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVS** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **GOODELL, THOMAS W.**

1.2 NAME

STREET ADDRESS **1905 HILLSDALE PLACE**

1.3 STREET ADDRESS

CITY-STATE-ZIP **SARASOTA FL**

1.4 CITY-STATE-ZIP

TITLE **DPT** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **BRAINARD, MILLAR, JR.**

2.2 NAME

STREET ADDRESS **1221 PEPPERTREE DR.**

2.3 STREET ADDRESS

CITY-STATE-ZIP **SARASOTA FL**

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

6.4 CITY-STATE-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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 941 377-6711

Date

Daytime Phone #

CR2E034 (12/95)