

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K98589 (0)

1. Corporation Name

RAWSON INSTRUMENTATION, INC.



Principal Place of Business

Mailing Address

5805 E BRECKENRIDGE

P.O. BOX 924288

8751 WEST BROWARD BLVD. ~~DELETE~~ →

8751 WEST BROWARD BLVD.

TAMPA FL 33610

HOUSTON TX 77282

US

US

2. Principal Place of Business

2a. Mailing Address

21 5805 E. Breckenridge

26 P.O. Box 924288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa FL

28 Houston Tx

24 Zip Country

29 Zip Country

33610

25 US

29 77282

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
MOORE, ROBERT E.
STREET ADDRESS
2010 MCALLISTER
CITY, ST, ZIP
HOUSTON TX

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
PHILLIPS, W. EARL
STREET ADDRESS
2010 MCALLISTER
CITY, ST, ZIP
HOUSTON TX

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
PARSON, MICHAEL B.
STREET ADDRESS
2010 MCALLISTER
CITY, ST, ZIP
HOUSTON TX

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

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 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

1/24/96

713 684-1442

CR2E034 (12/95)