

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

FILED
Feb 06, 1996 08:00 AM
Secretary of State

DOCUMENT # **L76233** (0)

1. Corporation Name

PRECISION TRAFFIC COUNTING, INC.



Principal Place of Business

3585 KORI ROAD
JACKSONVILLE FL 32257
US

Mailing Address

3585 KORI ROAD
SUITE-5
JACKSONVILLE FL 32257
US

2. Principal Place of Business

21 **3585 Kori Rd**

State, Apt. #, etc.

22 City & State

23 **JACKSONVILLE FL**

24 **32257** 25 **FL**

26 **3585 Kori Rd**

27 State, Apt. #, etc.

28 **JACKSONVILLE FL**

29 **32257** 30 **FL**

9. Name and Address of Current Registered Agent

ALLEN, BURITA I.
4221 BAYMEADOWS ROAD
SUITE 5
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified
05/21/1990

3a. Date of Last Report
03/13/1995

4. FEI Number
59-3010560

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 607.0502 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

P
ALLEN, BURITA I.
1170 1 TIERRA VERDE LANE
JACKSONVILLE FL

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

5. NAME ☐ DELETE

6. NAME ☐ DELETE

7. NAME ☐ DELETE

8. NAME ☐ DELETE

9. NAME ☐ DELETE

10. NAME ☐ DELETE

11. NAME ☐ DELETE

12. NAME ☐ DELETE

13. NAME ☐ DELETE

14. NAME ☐ DELETE

15. NAME ☐ DELETE

16. NAME ☐ DELETE

17. NAME ☐ DELETE

18. NAME ☐ DELETE

19. NAME ☐ DELETE

20. NAME ☐ DELETE

21. NAME ☐ DELETE

22. NAME ☐ DELETE

23. NAME ☐ DELETE

24. NAME ☐ DELETE

25. NAME ☐ DELETE

26. NAME ☐ DELETE

27. NAME ☐ DELETE

28. NAME ☐ DELETE

29. NAME ☐ DELETE

30. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. NAME ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. NAME ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. NAME ☐ Change ☐ Addition

24. NAME ☐ Change ☐ Addition

25. NAME ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

28. NAME ☐ Change ☐ Addition

29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

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. 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: *Burita I. Allen* *Burita I. Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/96

904-886-2171

CR2E034 (12/95)