

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:52****DOCUMENT # P07989****(7)**

1. Corporation Name

MICROMETRIC INSTRUMENT CO.

Principal Place of Business

**12904 DUPONT CIRCLE
P O BOX 260937
TAMPA FL 33685-7937**

Mailing Address

**12904 DUPONT CIRCLE
P O BOX 260937
TAMPA FL 33685-7937**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/05/1985

3a. Date of Last Report

02/28/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

34-0728857

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**

24 Zip

Country

28 Zip

Country

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 Now Registered Agent

**LECHNER, BERNARD J.
1243 LAKEVIEW ROAD
CLEARWATER 34616**

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 obligation, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or word name registered agent and use if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
HOWARD, ALFRED
12904 DUPONT CIR
TAMPA FL**

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

**VD
SELESNICK, WILLIAM
12904 DUPONT CIR
TAMPA FL**

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

**ST
HOWARD, ALFRED
12904 DUPONT CIR
TAMPA FL**

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 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)(h), 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: ALFRED S. HOWARD, PRESIDENT**MARCH 16, 1995****(813)****855-4806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #