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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:42

DOCUMENT # **P93000027003 (1)**

1. Corporation Name

TETRA PRECISION, INC.

Principal Place of Business	Mailing Address
~~2335 LAUREL LANE~~ ~~PALM BEACH GARDENS FL 33410~~	~~2335 LAUREL LANE~~ ~~PALM BEACH GARDENS FL 33410~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 734 NE 2ND ST.	26 P.O. BOX 12812
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GAINESVILLE, FL	City & State 28 GAINESVILLE, FL
Zip 24 32601 Country 25 ALACHUA	Zip 29 32604 Country 30 ALACHUA

4. FEI Number: 65-0406427 ☐ 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
ZIEGERT, JOHN ~~2335 LAUREL LANE~~ ~~PALM BEACH GARDENS FL 33410~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 734 NE 2ND ST. 83 ~~GAINES~~ 84 City: GAINESVILLE FL 85 Zip Code: 32601

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	ZIEGERT, JOHN	12 NAME	
STREET ADDRESS	~~2335 LAUREL LANE~~	13 STREET ADDRESS	734 NE 2ND ST
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~	14 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	MIZE, CHRISTOPHER	22 NAME	
STREET ADDRESS	~~100 1ST CT~~	23 STREET ADDRESS	701 S.W 62ND BLVD JJ 268
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: John C. Ziegert 1/25/95 904-335-7445
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0950001 CP