

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 # P93000027003 (1)

1. Corporation Name

TETRA PRECISION, INC.



Principal Place of Business

Mailing Address

734 NW 2ND ST.
GAINESVILLE FL 32601
US

P. O. BOX 12612
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1993	04/03/1995
4. FEI Number	Applied For
65-0406427	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 4605 NW 6th St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27

City & State

City & State

23 GAINESVILLE FL

28

Zip

Country

Zip

Country

24 32609

25

ALACHUA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIEGERT, JOHN
734 NW 2ND ST.
GAINESVILLE FL 32601

81 Name	JOHN ZIEGERT
82 Street Address (P.O. Box Number is Not Acceptable)	4605 NW 6th St.
83	SUITE A
84 City	GAINESVILLE FL
85 Zip Code	32609

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

John C. Ziegert

(Print) Registered Agent's Signature (Required when removing)

1/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ZIEGERT, JOHN	
STREET ADDRESS	734 NW 2ND ST.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MIZE, CHRISTOPHER	
STREET ADDRESS	701 SW 2ND BLVD, JJ268	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mize, Christopher	
2.3 STREET ADDRESS	110 NW 16TH AV	
2.4 CITY - ST - ZIP	Gainesville, FL 32601	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(g), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

DATE

904-385-7445

Daytime Phone #

CR2E034 (12/95)