## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000035506 (1)

## MAYER INSTRUMENT COMPANY

Priocipal Pla	ice of Basiness	Mailing Addres											
11018-139 OLD ST. AUGUSTINE ROAD  JACKSONVILLE FL 32257  11018-139 OLD ST. AUGUSTINE FOAD  JACKSONVILLE FL 32257-1025						!							
						ļ	3. Date Incorporated or Qualified 05/01/1995	3a. Da	te of t		eport		
2. Principal Place of Business 2a. Mailing Address						- 1,444	4. FEt Number	Applied For					
21 26							59-3310990	90 Not Applic			t <b>Ap</b> plicable		
Suite Apr. # etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Requirements							
Crty & Str	ile	City & State					Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30	ountry	,		8. This corporation has liability for Florida Statutes		lax ur No		199.032,		
	Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered A	dent				
MAYER, ROGER L					Ná	ame							
11018-139 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257				82 Street Add			ss (P.O. Box Number is Not Acceptab	ole)					
	10110011111000110001			83									
				84	Ci	ty		FL	85	Zip C	Code		
11. Pursuan office or agent 1	it to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the ol	0502 and 607.1508, Flo tate of Florida Such cha oligations of, Section 60	rida Statutes, the inge was authoriz 7.0505, Florida St	above ed by atutes	e-nai the	med corpo corporatio	ration submits this statement for the points board of directors. I hereby acceptions	urpose of of the appo	chan	ging its ant as	registered registered		
SIGNATURi	Source in a Cypanic swipplinted name of registere	Lagert and title if applicable	(NOTE: Bagiste	red Age	ant sig	nature required	d when reinstating)	DATE			<del></del>		
12.	OFFICERS	AND DIRECTORS	13	i			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOR	S IN 12		
1604	CPST		DELETE 1.1	TITLE					C	nange	Addition		
NAME	MAYER, ROGER L		1.2	NAME		ŀ							
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS										
COVISI 765	JACKSONVILLE FL 32257			CITY-S	T-ZIP				<del></del>				
1019	D	IJ	- I	TITLE		1		." •		nange	Addition		
KM/I	MAYER, ROGER L	ATILE BOLD		NAME									
STREET ADDRESS			7.3 STREET ADDRESS		RESS								
Cith St. ZiP	JACKSONVILLE FL 32257	<del></del>		CITY-	ST - Zif	P			<b>-1</b> 7		T-12.30		
Title		ШI		TITLE		- 1			L_] Cr	ange	Addition		
NAMÉ				NAME									
STREET ADDRESS	: [		33	STREET	ANDE	8FSC							

6.4 CITY - \$1 - ZIP 14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 or Block 14 or Block 15 or Blo

34 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

 $\text{CITY} \cdot 51 \cdot 26^{5}$ 

STREET ALLDRESS Olly-St-Zif

STREET ADDRESS

STREET ALURESS

CHY-SE 78

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Apr 16 1997 8:00am

Secretary of State

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