

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000075593 (0)**

1. Corporation Name

**TERRA MEASUREMENTS, INC.**



Principal Place of Business

3733 KIRKWOOD CIRCLE  
LANTANA FL 33462

Mailing Address

3733 KIRKWOOD CIRCLE  
LANTANA FL 33462

3. Date Incorporated or Qualified  
**09/27/1995**

3a. Date of Last Report

4. FEI Number  
**65-0611461**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIGHARD, GARRY L  
3733 KIRKWOOD CIRCLE  
LANTANA FL 33462**

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and fee, if applicable.

NOTE: Registered Agent signature required for incorporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PRESIDENT GARRY L REIGHARD**  
STREET ADDRESS **3733 KIRKWOOD CIR**  
CITY- ST- ZIP **LANTANA FL 33462**

TITLE  DELETE  
NAME **DIRECTOR ROBERT MALL**  
STREET ADDRESS **311 GOLF RD**  
CITY- ST- ZIP **WEST PALM BCH FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

**400001761244**

**-03/28/96--01063--015**

**\*\*\*200.00**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

**3-28**

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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96**

DATE

Division of Corporations

CR2E034 (12/95)