

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90055 023 ***150.00

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DOCUMENT # P96000088019

1. Corporation Name

SOUTHERN PRECISION CALIBRATION, INC.

Principal Place of Business

201 EAST DOUGLAS ROAD
UNIT 9
OLDSMAR FL 34677
US

Mailing Address

P.O. BOX 805
A
OLDSMAR FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

59-3406695

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 343 E. Douglas Rd

Suite, Apt. #, etc.

22 #3

City & State

23 Oldsmar FL

Zip

24 34677

Country

25

2a. Mailing Address

26 P.O. Box 805

Suite, Apt. #, etc.

27

City & State

28 Oldsmar FL

Zip

29 34677-0805

Country

30

9. Name and Address of Current Registered Agent

STAFFORD, STEWARD L
14812 NORTH FLORIDA AVENUE
TAMPA FL 33613

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BAAB, CARL T
STREET ADDRESS 201 EAST DOUGLAS ROAD, UNIT 9
CITY-ST-ZIP OLDSMAR FL 34677

TITLE V ☐ DELETE

NAME RYMER, REUBEN C.
STREET ADDRESS 5431 CAROL DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE T ☐ DELETE

NAME RYMER, CHRISTINE J.
STREET ADDRESS 5431 CAROL DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE S ☐ DELETE

NAME TRUDGEN, JAY B.
STREET ADDRESS 243 KATHERINE BLVD.
CITY-ST-ZIP PALM HARBOR FL 34684

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

343 E. Douglas Rd #3
Oldsmar, FL 34677

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

735 East Lake Club Drive
Oldsmar, FL 34677

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

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay B. Trudgen

Date

2-2-99 813-8558589

Daytime Phone #

CR2E034 (1/98)