FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:56

DOCUMENT # S95468 (2)

1. Corporation Name
PRECISION SCALES, INC.

Principal Place of Business	Mailing Address
5621 EAST ADAMO DRIVE BLDG. 2 UNIT B TAMPA FL 33619	5621 EAST ADAMO DRIVE BLDG. 2 UNIT B TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1991
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-3088770 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STAWICKI, WILLIAM
7201 RIVERWOOD BLVD.
TAMPA FL 33615

NEW ADDRESS →

10. Name and Address of New Registered Agent

81 Name: STAWICKI, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 926 ACADEMY DR.
83
84 City: BRANDON FL 85 Zip Code: 33511

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition: P/D
NAME	STAWICKI, WILLIAM	1.2 NAME	
STREET ADDRESS	7201 RIVERWOOD BLVD.	1.3 STREET ADDRESS	926 ACADEMY DR,
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D	2.1 TITLE	☑ Change ☐ Addition: V/D
NAME	STAWICKI, NAOMI	2.2 NAME	STAWICKI, NAOMI
STREET ADDRESS	7201 RIVERWOOD BLVD.	2.3 STREET ADDRESS	926 ACADEMY DR.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE		3.1 TITLE	☐ Change ☑ Addition: S
NAME		3.2 NAME	BEATIE, CHANTEL
STREET ADDRESS		3.3 STREET ADDRESS	926 ACADEMY DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Naomi Stawicki NAOMI STAWICKI 2/13/95 (813)621-1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200383 CP