

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 # **S95468** (2)

1. Corporation Name

**PRECISION SCALES, INC.**



Principal Place of Business

**5621 EAST ADAMO DRIVE  
BLDG. 2 UNIT B  
TAMPA FL 33619**

Mailing Address

**5621 EAST ADAMO DRIVE  
BLDG. 2 UNIT B  
TAMPA FL 33619**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**11/20/1991**

3a. Date of Last Report

**03/24/1995**

4. FEI Number

**59-3088770**

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

9. Name and Address of Current Registered Agent

**STAWICKI, WILLIAM  
7201 RIVERWOOD BLVD.  
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name

**SAME**

82 Street Address (P.O. Box Number is Not Acceptable)

**926 ACADEMY DRIVE**

83

**BRANDON, FL 33511**

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
STAWICKI, WILLIAM  
STREET ADDRESS  
7201 RIVERWOOD BLVD.  
CITY-ST-ZIP  
TAMPA FL**

TITLE ☐ DELETE

**D  
NAME  
STAWICKI, NAOMI  
STREET ADDRESS  
7201 RIVERWOOD BLVD.  
CITY-ST-ZIP  
TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PRESIDENT  
NAME  
STAWICKI, WILLIAM**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**926 ACADEMY DRIVE  
BRANDON, FL 33511**

2.1 TITLE ☒ Change ☐ Addition

**VICE PRESIDENT  
NAME  
STAWICKI, NAOMI**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**926 ACADEMY DRIVE  
BRANDON, FL 33511**

3.1 TITLE ☐ Change ☒ Addition

**SECRETARY  
NAME  
BEATIE, CHANTEL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**926 ACADEMY DRIVE  
BRANDON, FL 33511**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

*William Stawicki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

Date

(813) 621-1074

Daytime Phone #

CR2E034 (12/95)