

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:14

DOCUMENT # H63860 (1)

1. Corporation Name
PRECISION CONTROLS, INC.

Principal Place of Business
43 KOALA BEAR PATH
ORMOND BEACH FL 32074

Mailing Address
PO BOX 729
SANTA CLARA UT 84765
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/26/1985** 3a. Date of Last Report **03/10/1994**

4. FEI Number **59-2549993** 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 **771 FENTRESS BLVD #22** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **DAYTONA BEACH, FL** 28

Zip Country Zip Country

24 **32114** 25 **USA** 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, I.L.
~~43 KOALA BEAR PATH~~
~~ORMOND BCH FL 32074~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
771 FENTRESS BLVD # 22

83

84 City **DAYTONA BEACH** FL 85 Zip Code **32114**

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 registering)

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	INGOLD, J.B.
STREET ADDRESS	1068 SHONTO RIDGE DRIVE
CITY-ST-ZIP	KAYENTA, IVINS, UT
TITLE	VS
NAME	INGOLD, T.A.
STREET ADDRESS	1068 SHONTO RIDGE DRIVE
CITY-ST-ZIP	KAYENTA, IVINS, UT
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(1)(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: *J.B. Ingold* **J. B. INGOLD** 1/23/95 801 624 1943
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR