

**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

**APPROVED  
AND  
FILED**  
  
95 MAY -1 PM 2:11  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J87060 (6)**  
1. Corporation Name  
**PRECISION COMPUTER SERVICES, INC.**

Principal Place of Business      Mailing Address  
**4600 N DALE MABRY, SUITE 200  
TAMPA FL 33614**      **4636 N. DALE MABRY  
TAMPA FL 33614  
US**

2. Principal Place of Business      2a. Mailing Address  
21. State Apt # etc      26. State Apt # etc  
22. City & State      27. City & State  
23.      28.      29.      30.

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/13/1987**      **05/01/1994**  
4. FEI Number      Applied For  
**59-2867725**      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 ad valorem tax under s. 199.03, Florida Statutes.       Yes       No

9. Name and Address of Current Registered Agent  
**SCOTSON, RONALD B  
4636 N. DALE MABRY  
SUITE 1700  
TAMPA FL 33614**

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 607.01(1)(b) and 607.1509, 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 I accept the liabilities of Sections 607.01(1)(b), Florida Statutes.

SIGNATURE      Signature of Registered Agent      Signature of Current Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MORSANI, FRANK L.
STREET ADDRESS	4636 N. DALE MABRY
CITY	TAMPA FL
TITLE	ST
NAME	SCOTSON, RONALD B
STREET ADDRESS	4636 N. DALE MABRY
CITY	TAMPA FL
TITLE	V
NAME	OHLMAN, ROBERT A.
STREET ADDRESS	4600 N. DALE MABRY, #200
CITY	TAMPA FL
TITLE	AS
NAME	HIGBEE, ALAN
STREET ADDRESS	501 E KENNEDY #1700
CITY	TAMPA FL
TITLE	DP
NAME	ROMANO, JACK
STREET ADDRESS	4636 N. DALE MABRY
CITY	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the listing fees stated in the fee schedule, Florida Statutes. I further certify that the information is accurate and that my signature shall have the same legal effect as if made in the State of Florida. I am familiar with and I accept the liabilities of the provisions of the laws of 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 I accept the liabilities of Sections 607.01(1)(b), Florida Statutes, and that my name appears on Block 12 of this filing changed, or on an attachment with an address.

SIGNATURE: *Ronald B. Scotson*      5/1/95      (813) 973-0003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ronald B. Scotson**