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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

K88267

(5)

DOCUMENT #

PRECISION SERVICES, INC.

Principal Place of Business 7710 N 30TH STREET Mailing Address

7710 N 30TH STREET TAMPA FL 33610

TAMPA F	FL 33610	TAMPA FL 33610				
					3. Date Incorporated or Qualified 05/09/1989	3a. Date of Last Report 05/01/1995
2. Principal F	Place of Business	2a. Maling Add	a. Maling Address		4. FEI Number 59-1373571	Applied For Not Applicable
Suite. Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Gity & State	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ ₁ ρ	Country 30		8. This corporation has lability for in Florida Statutes Yes	ntangible tax under s. 199.032, ☐ No
	g. Name and Address of Co	urrent Registered Agent	· · ·		10. Name and Address of New R	legistered Agent
YADLEY, GREGORY C SUITE 2500 BARNETT PLAZA 101 EAST KENNEDY BLVD TAMPA FL 33602			82	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
1 AM	IPA PL 33002		84	City		FL 85 Zip Code
or regist	tered agent, or both, in the State of with, and accept the obligations of,	Florida, Such change was	sauthorized by the corp	named corpo peration's bea	ration submits this statement for the purific of directors. Thereby, accept the app	pose of changing its registered office ointment as registered agent. I am
	Signature typical or product number of regulative		gote tigalish (A)	· · · · · » ji î î î î î î î î î î î î î		DATE
12.			13.	— _T	ADDITIONS/CHANGES TO OFF	
THILE	ע ן	i DE	LETE : 1 1 THLE	1		Change 🔲 Addition

KENNY, DOUGLAS R 1.2 NAME 7710 N 30TH ST STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 C-TY - \$1 - ZIP CITY-ST-ZIP DELETE 2.11111 Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST ZIP CITY - ST - ZIP Change Addition []] DELETE TITLE 3 1 TIFLE 3.2 NAME NAME 3.3 STHEFF ADDRESS STREFT ADDRESS 3.4.0(1) - S1 - 7(F) City-St-ZiP ☐ Change ☐ Addition DELFIE 4-11 ILE TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 Cl5 x - \$1 - Zl2 CITY - ST - ZIP ___ Change Addit-an DELETE 5 11II.E TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIF CITY-ST-ZIP Change ☐ Add:tion DELETE € 1 TITLE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CI'Y - ST - 7IP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 signalure shall have the same legal effect as if made under oath; that I am an officer or disclored the corporal in 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 manged or given attachment with an address.

SIGNATURE:

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/96

813-238-1000

CR2E034 (12/95)