

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000077297 (8)**

1. Corporation Name

PRECISION ELECTRIC, INC. OF BREVARD



Principal Place of Business

Mailing Address

**221 CASCO CT. SE
PALM BAY FL 32909**

**221 CASCO CT. SE
PALM BAY FL 32909**

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3210811

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25 Country

29

30 Country

9. Name and Address of Current Registered Agent

**SCHULER, ROY L
221 CASCO CT. SE
PALM BAY FL 32909**

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 607.0502 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 title, if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input type="checkbox"/>
NAME	SCHULER, ROY L			<input type="checkbox"/>
STREET ADDRESS	221 CASCO CT. SE			<input type="checkbox"/>
CITY-ST-ZIP	PALM BAY FL 32909			<input type="checkbox"/>
TITLE				<input type="checkbox"/>
NAME				<input type="checkbox"/>
STREET ADDRESS				<input type="checkbox"/>
CITY-ST-ZIP				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
NAME				<input type="checkbox"/>
STREET ADDRESS				<input type="checkbox"/>
CITY-ST-ZIP				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
NAME				<input type="checkbox"/>
STREET ADDRESS				<input type="checkbox"/>
CITY-ST-ZIP				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roy L Schuler Roy L Schuler Pres. 7-26-96 407-728-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)