

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000025008 (9)

**1. Corporation Name
PRECISION INSTALLATIONS INC.**



Principal Place of Business

**OAK CENTRE BUSINESS PARK
431 OAK PLACE UNIT R BLDG. 4
PORT ORANGE FL 32127**

Mailing Address

**OAK CENTRE BUSINESS PARK
431 OAK PLACE UNIT R BLDG. 4
PORT ORANGE FL 32127**

3. Date Incorporated or Qualified 03/15/1996 **3a. Date of Last Report**

2. Principal Place of Business

21 689 Reillys Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 689 Reillys Rd.
Suite, Apt. #, etc.

4. FEI Number 593364824 **Applied For**
Not Applicable

22 City & State

23 Port Orange, FL
City Zip Country

27 City & State

28 Port Orange, FL
City Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 32127

25 Volusia

29 32127

30 Volusia

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

**LEWIS, HAROLD W
689 REILLYS ROAD
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

#1 Name
#2 Street Address (P.O. Box Number is Not Acceptable)
#3
#4 City **FL** **#5 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 Harold W. Lewis, President **Harold Lewis, President** **4/27/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, RONALD L	
STREET ADDRESS	623 HUDSON STREET	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	LEWIS, HAROLD W	
STREET ADDRESS	689 REILLYS ROAD	
CITY - ST - ZIP	PORT ORANGE FL 32127	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CURINTON-LEWIS, CYNTHIA	
STREET ADDRESS	689 REILLYS ROAD	
CITY - ST - ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harold Lewis	
1.3 STREET ADDRESS	689 Reillys Rd.	
1.4 CITY - ST - ZIP	Port Orange, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Calvin J. Gray	
4.3 STREET ADDRESS	236 Jefferson St.	
4.4 CITY - ST - ZIP	Daytona, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Harold W. Lewis** **4/27/97** **904-989-3573**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)