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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

689 REILLYS RD.  
PORT ORANGE FL 32127  
US

Mailing Address

689 REILLYS RD.  
PORT ORANGE FL 32127  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

59-3364824

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 601 Van Ness St

26 601 Van Ness St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Daytona Beach

City & State

28 Daytona Beach

Zip

24 32114

Country

25 Volusia

Zip

29 32114

Country

30 Volusia

9. 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 601 Van Ness St.

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 Harold W. Lewis

Signature, typed or printed name of registered agent and date if applicable

*Harold W. Lewis*

(NOTE: Registered Agent signature required when reinstating)

4/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME  
LEWIS, HAROLD  
STREET ADDRESS  
689 REILLYS RD.  
CITY-ST-ZIP  
PORT ORANGE FL

TITLE  DELETE

NAME  
LEWIS, HAROLD W  
STREET ADDRESS  
689 REILLYS ROAD  
CITY-ST-ZIP  
PORT ORANGE FL 32127

TITLE  DELETE

NAME  
CURINTON-LEWIS, CYNTHIA  
STREET ADDRESS  
689 REILLYS ROAD  
CITY-ST-ZIP  
PORT ORANGE FL 32127

TITLE  DELETE

NAME  
GRAY, CALVIN J.  
STREET ADDRESS  
236 JEFFERSON ST.  
CITY-ST-ZIP  
DAYTONA BEACH FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
601 Van Ness St.  
Daytona Beach, FL 32114

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
601 Van Ness St.  
Daytona Beach, FL 32114

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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* 4/21/98

CR2E034 (10/97)