FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL 15 AM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000019233 (1)**

1. Corporation Name
PRECISION FRAMING OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
13923 SW 128TH AVE ARCHER FL 32618	13923 SW 128TH AVE ARCHER FL 32618-5702

3. Date Incorporated or Qualified: 03/01/1996
3a. Date of Last Report: NA

2. Principal Place of Business
21: 13933 SW. 143rd ST.
22: Suite, Apt. #, etc.
23: City & State: Archer FL.
24: Zip: 32618 — 25: Country: U.S.

2a. Mailing Address
26: 6406 N.W. 27 ST
27: Suite, Apt. #, etc.
28: City & State: Gainesville FL.
29: Zip: 32653 — 30: Country: U.S.

4. FEI Number: 59-3365208 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CURLING, JEFFREY D
13923 SW 128TH AVE
ARCHER FL 32618

10. Name and Address of New Registered Agent
81 Name: CLYDE FULFORD
82 Street Address (P.O. Box Number is Not Acceptable): 6406 NW 27 ST.
83:
84 City: GAINESVILLE FL 85 Zip Code: 32653

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: Jeffrey D Curling — Clyde Fulford — 4/29/97
Signature of officer or director of registered agent and title if applicable (NOTE: Registered Agent's signature required when originating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	FULFORD, CLYDE A JR		1.2 NAME	ANDREW C. SENSTON (N/A)	
STREET ADDRESS	P O BOX 445 N/A		1.3 STREET ADDRESS	P.O. BOX 1454	
CITY-ST-ZIP	MELROSE FL 32666		1.4 CITY-ST-ZIP	NEWBERRY FL. 32669	
TITLE	VSD	☐ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	CURLING, JEFFREY D		2.2 NAME	THOMAS E. ROBERTS	
STREET ADDRESS	13923 SW 128TH AVE		2.3 STREET ADDRESS	1615 N.E. 19 LANE	
CITY-ST-ZIP	ARCHER FL 32618		2.4 CITY-ST-ZIP	GAINESVILLE FL. 32609	
TITLE		☐ DELETE	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME			3.2 NAME	CLYDE A FULFORD JR.	
STREET ADDRESS			3.3 STREET ADDRESS	6406 N.W. 27 ST.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	GAINESVILLE FL. 32653	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	000002241260--5	
TITLE		☐ DELETE	5.1 TITLE	-07/18/97--00067--008	Change Addition
NAME			5.2 NAME	****165.00 ****165.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	7-17-97	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Clyde A Fulford — 4/24/97 — 352-378-0487