

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

APPROVED
AND
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98 APR -8 AM 9: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **482454** (6)
1. Corporation Name
PRECISION ECONOWIND, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8940 NORTH FORK DR.
NORTH FT. MYERS FL 33903**

Mailing Address
**8940 NORTH FORK DR.
NORTH FT. MYERS FL 33903**

3. Date Incorporated or Qualified
08/07/1975

4. FEI Number
59-1618317

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

g. Name and Address of Current Registered Agent
**TINGLEY, LOYAL, JR.
8940 NORTH FORK DR.
N. FT. MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name **Loyal H. Tingley, III**

82 Street Address (P.O. Box Number is Not Applicable)
8940 North Fork Dr.

83

84 City **North Fort Myers FL** 85 Zip Code **33903**

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 *Loyal H. Tingley III* **Loyal H. Tingley III** **4/3/98**

Signature of individual or printed name of registered agent. Use if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **VD WIANT, DEAN**

STREET ADDRESS **1900 VIRGINIA AVE. 1402-C**

CITY-ST-ZIP **FT. MYERS FL**

TITLE DELETE

NAME **STD TINGLEY, LOYAL JR**

STREET ADDRESS **2812 S.E. 10TH AVE.**

CITY-ST-ZIP **CAPE CORAL, FL 00000**

TITLE DELETE

NAME **PD TINGLEY, LOYAL III**

STREET ADDRESS **15171 BRIAR RIDGE CIR**

CITY-ST-ZIP **FT MYERS FL**

TITLE DELETE

NAME **VD BOWSER, RALPH**

STREET ADDRESS **13641 FERN TRAIL DRIVE**

CITY-ST-ZIP **N. FT MYERS 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 **100002487861--2**

1.3 STREET ADDRESS **-04/14/98--01044--011**

1.4 CITY-ST-ZIP *****150.00 ***150.00**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

Ch. Alan
4/8/98

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: *Loyal H. Tingley III* **Loyal H. Tingley III** **4/3/98** **941-997-3860**

CR2E034 (10/97)