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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 482454

Country

9. Name and Address of Current Registered Agent

25

TINGLEY, LOYAL H III

8940 NORTH FORK DRIVE NORTH FORT MYERS FL 33903

PRECISION ECONOWIND, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

29

Suite, Apt. #, etc.

8940 NORTH FORK DR. NORTH FT. MYERS FL 33903

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90012 025 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/07/1975 Applied For 4. FEI Number 59-1618317 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Г٦ Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

85

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, and accept the obligations of Section 607.0505. Florida Statutes

Country

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Name

City

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agent. I ar	n familiar with, and accept the obligations of, Section 607	.0505, Florius	a Glatutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	egistered Agent signature require	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTOR	
TITLE		DELETE	1.1 TITLE	1 7 18 18		Change	☐ Addition
NAME	WIANT, DEAN		1.2 NAME		•		
	1900 VIRGINIA AVE. 1402-C		1.3 STREET ADDRESS		•		
STREET ADDRESS	FT. MYERS FL		1.4 C/TY-ST-ZIP				
CITY-ST-ZIP		DELETE	2.1 TITLE			☐ Change	☐ Addition
TITLE	TINGLEY, LOYAL III		2.2 NAME		•		
NAME	15171 BRIAR RIDGE CIR		2.3 STREET ADDRESS				•
STREET ADDRESS			2. 4 CITY-ST-ZIP	•			
CITY-ST-ZIP		DELETE	3.1 TITLE			Change	☐ Addition
TITLE	落建华 各人为。185		32 NAME	•			•
NAME (निक्सित रहेम र शिक्ष हो।		3.3 STREET ADDRESS	A 1000	eleganisti va teleganis	erropet a	:91/418// .01
STREET ADDRESS	Let Light Rife Lin Country		34. CITY-ST-ZIP		1 92 81		an high sair
CITY-ST-ZIP		DELETE	4.1 TITLE		21 Train 114 Park	Change	Addition
TITLE	·		4. 2 NAME				
NAME .			4.3 STREET ADDRESS		;		
STREET ADDRESS					*		•
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE		DELETE	5.2 NAME				
NAME	· ·		5.3 STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	,		•
STREET ADDRESS			5.4 CITY-ST-ZIP	1 to 20			
CITY-ST-ZIP		DELETE	6.1 TITLE			[] Change	Addition
TITLE	Constitution to a section	DELETE	6.2 NAME			•	
NAME '.'.			6.3 STREET ADDRESS				
STREET ADDRESS	[100] [100		6.3 STREET ADDRESS				

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 with all other like empowered.

SIGNATURE: 0