

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 18 PM 2:41**

**DOCUMENT # 484362 (9)**

1. Corporation Name

**PRECISION MANUFACTURING AND SALES, INC.**

Principal Place of Business

Mailing Address

**2140 RANGE ROAD  
P O BOX 149  
CLEARWATER FL 34617**

**2140 RANGE ROAD  
P O BOX 149  
CLEARWATER FL 34617**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/12/1975**

3a. Date of Last Report

**03/04/1994**

4. FEI Number

**59-1716414**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23**

Zip

Country

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**BRUNET, NORMAND & EDNA  
108 ALETA DRIVE  
BELLEAIR BEACH FL 33535**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. 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

Signature of Registered Agent or Agent in Charge

Signature of Registered Agent or Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BRUNET, NORMAND A.  
STREET ADDRESS 108 ALETA DRIVE  
CITY- ST- ZIP BELLEAIR BEACH FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D  
NAME BRUNET, EDNA C.  
STREET ADDRESS 108 ALETA DRIVE  
CITY- ST- ZIP BELLEAIR BEACH FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE ST  
NAME FETROW, MICHELLE  
STREET ADDRESS 105 S CORONA AVE  
CITY- ST- ZIP CLEARWATER FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE D  
NAME FETROW, MICHELLE  
STREET ADDRESS 105 S CORONA AVE  
CITY- ST- ZIP CLEARWATER FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Edna C. Brunet* Edna C. Brunet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/95 813-442-4025

Print

Telephone