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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 502634

1. Corporation Name

GLOBAL PRECISION, INC.



Principal Place of Business

**2100 SW 71ST TERR
DAVIE FL 33317**

Mailing Address

**2100 SW 71ST TERR
DAVIE FL 33317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 15751 S.W. 41 STREET

Suite, Apt. #, etc.
22 SUITE 300

City & State
23 DAVIE, FLORIDA

Zip Country
24 33331 25 USA

2a. Mailing Address

26 15751 S.W. 41 STREET

Suite, Apt. #, etc.
27 SUITE 300

City & State
28 DAVIE, FLORIDA

Zip Country
29 33331 30 USA

3. Date Incorporated or Qualified

05/06/1976

4. FEI Number

59-1675657

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAY STREET
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE
NAME RUSKOSKI, ERIC
STREET ADDRESS 711 FOX STREET
CITY-ST-ZIP MUKWONAGO WI

TITLE TD ☐ DELETE
NAME HAGGE, STEPHEN
STREET ADDRESS 475 W. TERRACOTTA, SUITE E
CITY-ST-ZIP CRYSTAL LAKE IL

TITLE SD ☐ DELETE
NAME HOSCHEIT, JACK
STREET ADDRESS 711 FOX STREET
CITY-ST-ZIP MUKWONAGO WI

TITLE SD ☐ DELETE
NAME POLTERMANN, RALPH
STREET ADDRESS 475 W TERRA COTTA AVE, STE E
CITY-ST-ZIP CRYSTAL LAKE IL

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)