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

SIGNATURE

Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (1)PRECISION MOLD & MACHINE, INC. Principal Place of Business Mailing Address 6315 DANNER DR 6315 DANNER DR SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1980 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2009952 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζip Country Zip This corporation owes or has paid the current year Intangible Yes Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SCOTT, JAMES D 2308 SHADOW OAKS RD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34240 83 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE TITLE 1.1 TITLE Change Addition NAME SCOTT. JAMES D 12 NAME 2308 SHADOW OAKS ROAD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SCOTT, DONNA R NAME 2.2 NAME 2308 SHADOW OAKS ROAD STREET ADDRESS 2.3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 in changed, or on an attachment with an address.

FILED

4/13/98

(941)371-8500