PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTA ENTROP STATE

Katherino Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697529 1. Corporation Name

PRECISION BUSINESS SYSTEMS, INC.

}					
Principal Place of Business	Mailing Address				
2671 AVENUE G NW WINTER HAVEN FL 33880	2671 AVENUE G NW WINTER HAVEN FL 33880				
2. Principal Place of Business	2a. Mailing Address				

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90226 013 ***150.00

DO NOT WRITE IN THIS SPACE

							3. Date incorporated or Quanted 08/05/1981		
2 Deinainal Di	age of Dusinger	7.	Mailing Address				4. FEI Number		Applied For
	rincipal Place of Business 2a. Mailing Address 26			59-2110577	Not Applicable				
Suite, Apl.	# ata	20	Suite, Apt. #, etc.					\$8.7	5 Additional
_	#, etc.	27	Bolto, P.p.s. II, Old.				5. Certificate of Status Desired		Required
City & State	9	21	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23	•	28					Trust Fund Contribution		ed to Fees
Zip	Country	201	Zip	Count	Iry	-	8. This corporation owes the current year int	angible	
24	25	29	3	- ```أه			Personal Property Tax.	Yes Yes	□Ño
24	9. Name and Address of Current			<u> </u>	_		10. Name and Address of New Registered	Agent	
				8	31	Name			
GREI	IVES, HARRY H					A	(C.C. C. M. Law in blat Appropriate)		-
1551	KENWOOD AVENUE, SW			lª	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
WINT	TER HAVEN FL 33880	•		8	33				
				-					
				8	34	City	ラスタ、N 2 5 2 5 1 訂し	85 Z	in Code
11 Purcusot	to the provisions of Sections 607 0502	and 6	07.1508. Florida Statutes	the abo	ove r	named corpo	oration submits this statement for the purpose of	changing	its registered
office of re	egistered agent, or both, in the State of	Floric	la. Such change was aut	nonzed b	by th	e corporatio	oration sucritis this statished to the pulpers or on's board of directors. I hereby accept the appoin	ntment as	registered
agent. I ar	m familiar with, and accept the obligate	ons or,	Section 607.0505, Florid	ia Sistinii	8 5,				Į.
SIGNATURE	Signature, typed or printed name of registered agent	and little	e enricable (NOTF: R	acistared Ac	oeni s	signatura required	d when reinstating) DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
TITLE	Pĭ		DELETE	1.1 11111	É	·		Chan	ge Addition
NAME	GREIVES, HARRY H			1.2 NAM		}	•		j
	1551 KENWOOD AVENUE SW					DORESS			í
STREET ADDRESS	WINTER HAVEN FL			1.4 CTY					. 1
CITY-ST-ZIP	VS VS	-	☐ DELETE	21 11114				Chang	a Addition
TITLE				1		Į			Ι.
NAME	GREIVES, MARIAN 8. "D"			22 NAM					<u>,</u>
STREET ADDRESS	1551 KENWOOD AVENUE					DORESS	·		j
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY		ZIP		Chan	ae Addition
TILE			☐ DELETE	3.1 1174		1	• • •	Cham	
NAME	•			3.2 NAM		1	***	-	""
STREET ADDRESS				3.3 STRE	EET A	DORESS			- {
CITY-ST-ZIP				3.4. C(T)	Y-ST-	ZIP	P A SI		
TITLE			DELETE	4,1 TriLi	E		G 10	_ Chan	ge Addition
NAME				4. 2 NAW	Æ				ļ
STREET ADDRESS				4.3 STRE	EET AI	DORESS			ļ
CITY-ST-ZIP				44 CITY	ST-Z	ZIP			<u>_</u>
TITLE		,,	☐ DELETE	5.1 TTU	E			☐ Chan	ge 🔲 Addition 🖡
NAME				5.2 NAM	E		••	-	.
STREET ADDRESS				5.3 STRE	EETA	DORESS	•		ļ
CITY-ST-ZIP				5.4 CITY	-ST-2	ZIP			
TITLE			☐ DELETE	6.1 TITLE	E			Chary	ge Addition
NAME				62 NAM	E				1
STREET ADDRESS				B3 STRE	EET A	DORESS			1
				64 CITY		,	•		ì
14 hereby (ertify that the information supplied with	this fi	ling does not qualify for ti	ne exem	otion	n stated in S	Section 119.07(3)(i), Floride Statutes. I further cent	tify that th	e information
indicated	ormy area are invarianced supplied with		and occupant domination in	to and th	rate		chall have the same least effect as if made unde	er nath: 1h	at I am an

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under ostri; 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 AND TYPED GOLPHONTED SAME OF SIGNING OFFICER OR DIRECTION 3 - 29-99.

1-11-99 (941)293