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



COL	RPORATION UAL REPORT 1996	(₹8	3. Mortham ry of State					
DOCU 1. Corporation	MENT # F9300	0004527 (8)					
PREC	CIPITATOR SERVICES GROU	P, INC.			I I a k ija b dije ia ia a digila digila barka bi	1) JI 11 JI JI 12 JI	## 	11 2 16 1
Frincipal Place	e of Business	Mailing Address						
P.O. BOX 339 ELIZABETHTON TN 37644		P.O. BOX 339 ELIZABETHTON TN 37644						
					3. Date Incorporated or Qualified 10/06/1993		f Last Report /25/1995	
Principal Place of Business 21		2a. Mailing Address			4. FEI Number		Applied F	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-1276512 5. Certificate of Status Desired		Not Appl: \$8.75 Addition	
City & Stat	0	27					Fee Required	
23	C	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May B Added to Fees	
Zip 24	Country 25	Ζφ 29	Countr	у	8. This corporation has liability for	intangible tax		
	9. Name and Address of Current	Registered Agent	Q.	I Name	10. Name and Address of New	Registered Ag	ent	
KAYTIS	S, JOHN R			1				
APT. 203			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	HERON COVE COURT		83	3				
PALM	HARBOR FL 34684		84	City		FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607,0502 and agent, or both, in the State of Floridate, and accept the obligations of Section 1.	and 607.1508, Florida Statutes		 named corpo	oration submits this statement for the pu	rpose of chang	ing its registered	office
familiar wi	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	n. Such change was authorized in 607.0505, Florida Statutes.	I by the corp	poration's boa	ard of directors. I hereby accept the app	pointment as re	gistered ägent. La	am
SIGNATURE .	Signature, typed or printed name of registered agent a	nd tild if applicable (ft.) Th	Hour timed An-	ed substitute occur.	ad wage is relatingly	T-ATT		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTORS IN 12	§
TITLE	PDC	□ DELFTE	1 1 DTUE 12 NAME 13 STREET ADDRESS				Change 🔲 Add	-
STREET ADDRESS	NIDIFFER, CARL R RT 10 BOX 359							CR2E034
CITY - ST - ZIP	ELIZABETHTON TN 37643		1.4 CHY+SI+ZIP					ZZ ZZ
THE	DST	☐] DELETE	2 17016			· · · · · · · · · · · · · · · · · · ·	Change	ition
NAME.	BUCK, TERESA L		2.2 NAME					
STREET ADDRESS CITY - S1 - ZIP	ISSAC LINCOLN RD.			ADDRESS				
TIFLE	ELIZABETHTON TN 37643	DELETE	2.4 CITY - ST- ZIP 3.1 TITLE				Change [7] Addi	ition
NAME	NIDIFFER, DANIEL K		3.2 NAME			L_1		
STREET ADDRESS	RT 10 BOX 258		3.3 STR; F	LADDRESS				
CITY-ST-ZIP	ELIZABETHTON TN 37643		3 4 CHY - ST- 74P					
TIDLE NAME	V NIDIECED LICA D	□ DELETE	4 1 1111.6				Change 🔲 Addi	tion
STREET ADDRESS	NIDIFFER, LISA D 3503 BONDWOOD CIRCLE		4.2 NAME	LADORESS				
CITY-ST-Zift	JOHNSON CITY TN 37604							
TITLE		☐ DELETE	5 1 TITLE				Change	tion
NAME			5.2 NAME			_ _	_	
STREET ADDRESS				ADDRESS				
CITY-ST-7IP TITLE	***************************************	☐ DELFTE	5.4 City 5	31-7IP	· · · · · · · · · · · · · · · · · · ·		<u></u>	
NAME			6 1 THLE 62 NAME			∐ (Change 🔲 Add-l	106
STREET ADDRESS			63 STREET	ADDRESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 with 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 grupowered to execute this report as required by chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 if changed, or on an attachment with a address.

SIGNATURE:

(423)543-733/ Barrie Privice k