

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

DOCUMENT # H20743

(1)

1. Corporation Name:

PRECISION KENWORTH, INC.

Principal Place of Business:

6905 E BUFFALO AVE
TAMPA FL 33619
US

Mailing Address:

4636 N. DALE MABRY
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1984

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2450246

Applies 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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business:

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address:

25

State, Apt. #, etc.

26

City & State

27

Zip

28

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTSON, RONALD B
4636 N. DALE MABRY
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip/County

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 a registered agent as set forth in Chapter 607, Florida Statutes.

SIGNATURE:

Signature of Registered Agent

Signature of Registered Agent

Signature

12. OFFICERS AND DIRECTORS

12a	DC
NAME	MORSANI, FRANK L.
OFFICE ADDRESS	4636 N. DALE MABRY TAMPA FL
12b	AS
NAME	HIGBEE, ALAN
OFFICE ADDRESS	501 E KENNEDY BLVD#1700 TAMPA FL
12c	D
NAME	MORSANI, CAROL D
OFFICE ADDRESS	4636 N. DALE MABRY TAMPA FL
12d	V
NAME	ROSS, JACK
OFFICE ADDRESS	6905 E. BUFFALO AVE. TAMPA FL
12e	ST
NAME	ROBERSON, LINDA
OFFICE ADDRESS	6905 E MARTIN LUTHER KIN TAMPA FL
12f	AS
NAME	SCOTSON, RONALD B
OFFICE ADDRESS	4636 N. DALE MABRY TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a	1. NAME	☐ Change ☐ Addition
13b	2. NAME	
13c	3. STREET ADDRESS	
13d	4. CITY, ST, ZIP	
13e	5. NAME	☐ Change ☐ Addition
13f	6. NAME	
13g	7. STREET ADDRESS	
13h	8. CITY, ST, ZIP	
13i	9. NAME	☐ Change ☐ Addition
13j	10. NAME	
13k	11. STREET ADDRESS	
13l	12. CITY, ST, ZIP	
13m	13. NAME	☐ Change ☐ Addition
13n	14. NAME	
13o	15. STREET ADDRESS	
13p	16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing was accurately furnished and does not qualify for the exemption stated in Section 607.15(6), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report, as true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the registered agent of the corporation and I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 (if exempt), or as an attachment with an address.

SIGNATURE:

Ronald B. Scotson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD B. SCOTSON

5/1/95 (213) 873 0003