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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41851 (3)

1. Corporation Name
PRECISION NISSAN, INC.

Principal Place of Business
**4600 NO. DALE MABRY, #200
TAMPA FL 33614**

Mailing Address
**4636 N. DALE MABRY
TAMPA FL 33614
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/12/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2734672** 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**

7. This corporation has liability for intangible tax under 5-199(1), Florida Statutes Yes No

21. Principal Place of Business	26. Mailing Address
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State
24. ZIP	30. CARRIER

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 270.06, and 270.11(4) 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. Thereby, accept the appointment as registered agent. I am filing with this report the resignation of [Name of 1994 Florida Statute]

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IS:

OFFICER/DIRECTOR	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IS:
DC NAME: MORSANI, FRANK L. STREET ADDRESS: 4636 N. DALE MABRY CITY: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: MORSANI, CAROL D. STREET ADDRESS: 4636 N. DALE MABRY CITY: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: HELT, CHUCK STREET ADDRESS: 4600 N DALE MABRY CITY: TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST NAME: SCOTSON, RONALD B STREET ADDRESS: 4636 N. DALE MABRY CITY: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP NAME: ROMANO, JACK STREET ADDRESS: 4636 N. DALE MABRY CITY: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS NAME: HIGBEE, ALAN STREET ADDRESS: 501 E KENNEDY BLVD, 1700 CITY: TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**V PETER HAWLEY
4600 N DALE MABRY
TAMPA FL 33614**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(1)(a), 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 at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or as an attachment with an address.

SIGNATURE: *Ronald B Scotson* 5/11/95 (813) 873-0003
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
RONALD B SCOTSON