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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74804

(1)

PRECIS	ION GRADING & LAND DEV	ELOPMENT, INC.						
Principal Place	e of Business	Mailing Address				- 1 seminist mis lowis aswar shall antis eau) i	aten albin Albin bu	DEC MANUAL MARKA LONG
18837 SHADY HILLS RD. 18837 OLD SHADY HILLS F SPRING HILL FL 34806-3461 SPRING-HILL FL 34610 US			S ROAD	POAD		DO NOT WRITE II	N THIS SPACE	
						3. Date Incorporated or Qualified		
L						03/23/1989		
<del></del>	lace of Business	2a, Mailing Address				4. FEI Number	Ĺ.	Applied For
21					59-2957839		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		.75 Additional
22 27						C. Commedia of States Booked		ee Required
City & State						6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution	<u> </u>	dded to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid	the current ye	ar Intangible
24	25	29	30			Personal Property Tax due June 3		□ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	stered Agent	~
Í KAI	UFMANN, PAUL		] 6	1 Nan	10			
	5296 RUNNINGSBROOK DRIVE				ot Addre	ess (P.O. Box Number is Not Acceptable	3)	<del></del>
	MOSASSA FL 34448		8	-  00	Of 7 lagre	Total Control of Not Not place	-7	
1	MODITORY TE OTT TO		8	3				
			L	<b></b> _				
			8	4 City			FL  85	Zip Code
SIGNATURE	to the provisions of Sections 607,0502 agistered agent, or both, in the State c m familiar with, and accept the obligat Signature, typed or printed name of registered agent					oration submits this statement for the pu on's board of directors. I hereby accept of when reinstating)	the appointme	and its registered
12.	OFFICERS AND		13.	<b>, ,</b>		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	DPV	DELETE	1.1 TITLE		$\neg \neg$		Ch	
NAME	KAUFMANN, PAUL	<del>_</del>	1,2 NAM		i			• –
STREET ADDRESS	5296 RUNNINGBROOK DRIVE			ET ADDRES	.			
1			- 1		~			
CITY-ST-ZIP	HOMOSASSA FL	DELETE	1.4 CITY		∤		☐ Ch	ange Addition
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NAME	KAUFMANN, PAUL		2.2 NAM					
STREET ADDRESS	5296 RUNNINGBROOK DRIVE		2.3 STRE	ET ADDRES	S			
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY					T-1
TITLE		☐ DETE1€	3.1 71766		-		□] Ch	ange Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRES	is			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE	· - <del></del>	☐ DELETE	4.1 TITLE		[ ]	_	Ch	ange 🔲 Addition
NAME			4. 2 NAN	IE				
STREET ADDRESS			4.3 STRE	ET ADDRES	is			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP	- [		•	
TITLE		DELETE	5.1 TITLE		<b></b>		Ch	ange Addition
NAME			5.2 NAM	E	Ì			
STREET ADORESS				- Et addres	s			
1			5.4 CITY		-			
CITY-ST-ZIP TITLE		DELETE	6.1 TITUE		+-		Ch	ange Addition
1					1			
NAME			6.2 NAM		_ [			
STREET ADDRESS				ET ADDRES	N			
CITY - ST - ZIP			6.4 CITY	-ST-ZIP		2-4-140 07/0V0 Fl-16- Ch.h.s. 14		at the late meeting

1. I hereby certify that the information supplied with this filling 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 trusted emperored 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.

CICNATURE

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4-6.98 (815)863-264)

**FILED** 

Apr 20 1998 8:00am

Secretary of State

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