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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



L66455

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90017 005 ***150.00

	PRECISION MACHINING,	INC.						
Principal Place	e of Business	Mailing Address			4 IND FINGE WEN ALSON AFTER BIBBL ALSON BEIN BERNE.	EISH BIBIL BIBIL B	IGH GIBIT IBEI	
250 EAST DRIVE SUITE A MELBOURNE FL 32904 US SUITE A MELBOURNE FL 32904 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/17/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
26				59-3002564	Not	t Applicable	•	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to			
Zip Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curre		2017		10. Name and Address of New Registered			= .
	9. Name and Address of Curre	nt Registered Agent		1 Name	To: Harris and Practices of the		•.	
ARN	OLD, WILLIAM E.		\ -		(D.O. C. All. basis Net Assemble)	<u> </u>		
550 GARFIELD AVENUE			82 Street Addre		ress (P.O. Box Number is Not Acceptable)			
UNIT 303			83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	g West of the last	學是指	
COCOA BEACH FL 32931						ode /		
}				City	FI	L **		
-11. Pursuant office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligations.	02 and 607:1508; Florida Statute of Florida. Such change was au	s, the about	ove-named corp by the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	of changing its cintment as req	registered · · · · · gistered	
SIGNATURE		• •			·			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: I	Registered A	es. gent signature require	ed when reinstating) DATE	_		í
SIGNATURE	Signature, typed or printed name of registered age	• •	Registered A	gent signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	_		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: I	Registered A	gent signature require	ed when reinstating) DATE	ND DIRECTO	RS IN 12	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 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 an other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

NAME

01-29-99

☐ Change

Addition