

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M69345** (0)

1. Corporation Name

**J. & J. PRECISION MACHINE, INC.**

Principal Place of Business

**110 SOUTH MAIN ST.  
P.O. BOX 186  
HIGH SPRINGS FL 32643**

Mailing Address

**110 SOUTH MAIN ST.  
P.O. BOX 186  
HIGH SPRINGS FL 32643**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1988**

3a. Date of Last Report

**05/26/1994**

4. FEI Number

**59-2881417**

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

**PO Box 186**

27

Suite, Apt. #, etc.

28

**HIGH SPRINGS, FL.**

29

Zip

**32643**

30

Country

**USA**

9. Name and Address of Current Registered Agent

**DRUGA, VALERIE A.  
2010 S.E. PALM AVE.  
HIGH SPRINGS FL 32643**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D  
DRUGA, VALERIE A.  
2010 S.E. PALM AVE.  
HIGH SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D  
DRUGA, JOHN D.  
2010 S.E. PALM AVE.  
HIGH SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☒ Change ☐ Addition

**1520 S.E. PALM AVE**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☒ Change ☐ Addition

**1520 S.E. PALM AVE**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John D. Druga*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR