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

FILED
95 JAN 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24983 (9)

1. Corporation Name
PRECISION TUNE, INC.

Principal Place of Business	Mailing Address
748 MILLER DRIVE, S. E. P. O. BOX 5000 LEESBURG VA 22075	748 MILLER DRIVE, S. E. P. O. BOX 5000 LEESBURG VA 22075

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 03/08/1994
2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 74-1557467 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	GRIMAUD, JOSEPH A., JR.	1.2 NAME		
STREET ADDRESS	748 MILLER DRIVE, S. E.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA	1.4 CITY-ST-ZIP	22075	
TITLE	VPT	2.1 TITLE		☑ Change ☐ Addition
NAME	BURGUIERES, ROBERT N.	2.2 NAME		
STREET ADDRESS	748 MILLER DR., SE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA	2.4 CITY-ST-ZIP	22075	
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	AL-AWADI, JAMAL	3.2 NAME	Ahlam Al-Awadi	
STREET ADDRESS	748 MILLER DRIVE, S. E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA	3.4 CITY-ST-ZIP	22075	
TITLE	VPS	4.1 TITLE	EVP/S	☑ Change ☐ Addition
NAME	HIBBERD, ROY W.	4.2 NAME		
STREET ADDRESS	748 MILLER DR., SE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA	4.4 CITY-ST-ZIP	22075	
TITLE	VP	5.1 TITLE		☑ Change ☐ Addition
NAME	DIRANNA, DAVID R.	5.2 NAME	Carroll, William T.	
STREET ADDRESS	748 MILLER DR., SE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG VA	5.4 CITY-ST-ZIP	22075	
TITLE		6.1 TITLE	VP	☐ Change ☑ Addition
NAME		6.2 NAME	Larry D. Baldwin	
STREET ADDRESS		6.3 STREET ADDRESS	748 miller Dr., SE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Leesburg, VA 22075	

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)(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.

SIGNATURE: [signature] 1/20/95 (703)777 7095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197703 FP