

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 21 1996 8:00 am  
Secretary of State

DOCUMENT # P24983 (9)

1. Corporation Name

PRECISION TUNE, INC.

Principal Place of Business

748 MILLER DRIVE, S. E.  
P. O. BOX 5000  
LEESBURG VA 22075

Mailing Address

748 MILLER DRIVE, S. E.  
P. O. BOX 5000  
LEESBURG VA 22075



3. Date Incorporated or Qualified 06/30/1989	3a. Date of Last Report 01/25/1995
4. FEI Number 74-1557467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GRIMAUD, JOSEPH A., JR.</del>	1.2 NAME	JOHN F. RIPLEY
STREET ADDRESS	748 MILLER DRIVE, S. E.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG VA	1.4 CITY-STATE-ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURQUIERES, ROBERT N.	2.2 NAME	
STREET ADDRESS	748 MILLER DR., SE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG VA	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL-AWADI, AHLAM	3.2 NAME	
STREET ADDRESS	748 MILLER DRIVE, S. E.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG VA	3.4 CITY-STATE-ZIP	
TITLE	<del>EVPS</del>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HIBBERD, ROY W.</del>	4.2 NAME	SR. V.P., GENERAL COUNSEL
STREET ADDRESS	748 MILLER DR., SE	4.3 STREET ADDRESS	ARNOLD JANOFKY
CITY-STATE-ZIP	LEESBURG VA	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, WILLIAM T.	5.2 NAME	
STREET ADDRESS	748 MILLER DR., SE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG VA	5.4 CITY-STATE-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, LARRY D.	6.2 NAME	
STREET ADDRESS	748 MILLER DR., SE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG VA	6.4 CITY-STATE-ZIP	

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)(k), Florida Statutes. I further certify that the information included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/96 Daytime Phone: (703) 779-0050

CR2E034 (12/95)