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5.1.95 B-5111

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000246 (8)**

1. Corporation Name

HERIC PRECISION, INCORPORATED

Principal Place of Business	Mailing Address
545 N PARK AVE WINTER PARK FL 32789-321 4	545 N PARK AVE WINTER PARK FL 32789-321 4

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/23/1992**

3a. Date of Last Report: **04/27/1994**

	Principal Place of Business	Mailing Address
2. / 2a.	21 904 JAN MAR CT.	26 904 JAN MAR CT.
Suite, Apt. #, etc.	22 SUITE C	27 SUITE C
City & State	23 CLERMONT, FL	28 CLERMONT, FL
Zip / Country	24 34711 / 25 usa	29 34711 / 30 USA

4. FEI Number: **59-3148870** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRAGUE, MARTIN M 545 N PARK AVE WINTER PARK FL 32789-3214	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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JONES, HERBERT M 1637D WEST HOLDEN AVE ORLANDO FL 32839	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D Jones, Herbert M. 11779 Oswalt Road Clermont, FL 34711 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JONES, ERIC E 1049 S HIAWASSEE RD #3415 ORLANDO FL 32839	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D Jones, Eric E. 11779 Oswalt Road Clermont, FL 34711 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JONES, ERIC E 1049 S HIAWASSEE RD #3415 ORLANDO FL 32839	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LARSON, DARRYL 1956 BRANTLEY CIR CLERMONT FL 32835	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition REMOVE AS OFFICER AND DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		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)(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: Eric E. Jones 4/27/95 904-394-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047588 CP