

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:29

DOCUMENT # P92000013119 (2)

1. Corporation Name

PRECISION T.V., INC.

Principal Place of Business

219 E CENTRAL AVE
LAKE WALES FL 33853

Mailing Address

219 E CENTRAL AVE
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

03/16/1994

4. FEI Number

59-3155474

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

2a. Mailing Address

21

State, Apt. #, etc.

25

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM F
219 E CENTRAL AVE
LAKE WALES FL 33853

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 of person or persons of registered agent and title of applicant)

(NAME, Title and Address of Registered Agent Signature and date of filing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

D
JOHNSON, WILLIAM F
219 E CENTRAL AVE
LAKE WALES FL 33853

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

D
JOHNSON, HENRYETTA P
219 E CENTRAL AVE
LAKE WALES FL 33853

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Sections 199.032(4)(b), Florida Statutes. I further certify that the information indicated on the 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block that changed, or in an attachment with an address.

SIGNATURE

William F. Johnson

(Signature and typed or printed name of required officer or director)

WILLIAM F. JOHNSON

2-9-1995

13-6-16-2316