

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000030509 (2)

1. Corporation Name

PRECISION IMPRINTS, INC.



Principal Place of Business

Mailing Address

**2166 DREW ST.
CLEARWATER FL 34625**

**2166 DREW ST.
CLEARWATER FL 34625**

2. Principal Place of Business

2a. Mailing Address

21 2154 DREW ST

26 2154 DREW ST

Suite, Apt #, etc

Suite, 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

**KIMPTON, ROBERT C
2166 DREW ST
CLEARWATER FL 34625**

3. Date Incorporated or Qualified

04/27/1993

3a. Date of Last Report

05/31/1995

4. FEI Number

59-3199361

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

10. Name and Address of New Registered Agent

81 Name

RONALD KISER

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

2154 DREW ST

83

84 City

CLEARWATER

FL

85 Zip Code

34625

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]

Signature of the principal place of business agent and the applicable

(If "N/A" Registered Agent signature required after re-appointing)

DATE

6-14-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DP ALTOBELLI, RONALD F
2166 DREW ST.
CLEARWATER FL 34625**

☒ DELETE

**DST KIMPTON, ROBERT C
2166 DREW ST.
CLEARWATER FL 34625**

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**PRES-SEC
GEORGE COLTMAN
2154 DREW ST
CLEARWATER, FL 34625**

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**VP-TREAS
RONALD KISER
2154 DREW ST
CLEARWATER, FL 34625**

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**000001887110
-07/09/96--01027--021**

*****225.00**

☐ Change ☐ Addition

78-AL

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96

813-447-6767

CR2E034 (3/96)