

**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

DOCUMENT # **P93000040088 (5)**

1. Corporation Name  
**RK PRECISION, INC.**



Principal Place of Business  
**3991 NORTH "W" STREET  
SUITE 9 AND 10  
PENSACOLA FL 32505  
US**

Mailing Address  
**3991 NORTH "W" ST.  
SUITE 9 AND 10  
PENSACOLA FL 32505  
US**

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business  
21 **3985 North "W" Street**  
Suite, Apt. #, etc.  
22 **Suite #25**  
City & State  
23 **Pensacola, FL**  
Zip Country  
24 **32505** 25

2a. Mailing Address  
26 **3985 North "W" Street**  
Suite, Apt. #, etc.  
27 **Suite #25**  
City & State  
28 **Pensacola, FL**  
Zip Country  
29 **32505** 30

4. FEI Number **63-1093845** 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**

**FERGUSON, MICHAEL L  
4300 BAYOU BLVD.  
SUITES 12 & 13  
PENSACOLA FL 32503**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>RAMSEYER, JACK C</b>      |                                 |
| STREET ADDRESS | <b>9447 SOLDIER CREEK DR</b> |                                 |
| CITY-ST-ZIP    | <b>LILLIAN AL 38546</b>      |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>KOEHLER, KENNETH J</b>    |                                 |
| STREET ADDRESS | <b>2012 CORAL STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL</b>          |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>D KOEHLER, KENNETH J.</b>   |
| 2.3 STREET ADDRESS | <b>4040 MOONRAKER</b>  |
| 2.4 CITY-ST-ZIP    | <b>PENSACOLA, FL 32507</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-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 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: *Jack C. Ramseyer* Jack C. Ramseyer 5/31/96 904-434-3537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)