FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000048156 (2)**

1. Corporation Name
PIN-POINT BORING, INC.

Principal Place of Business	Mailing Address
6518 ABACO DR APOLLO BCH FL 33572 US	~~P.O. BOX 3126~~ ~~RUSKIN FL 33570~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/28/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 200 Frandorson Circle	26 6418 US Hwy 41,N.
Suite, Apt. #, etc. 22 Suite 207	Suite, Apt. #, etc. 27 Suite 152
City & State 23 Apollo Beach, FL	City & State 28 Apollo Beach, FL
Zip / County 24 33572 / 25 USA	Zip / County 29 33572 / 30 USA

4. FEI Number: 65-0419386 ☐ 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
PYLE, TERRENCE F ~~5938 FROND WAY~~ ~~APOLLO BEACH FL 33572-3126~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 707 Del Webb Boulevard 83 84 City: Sun City Center FL 85 Zip Code: 33573

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 _____ DATE
(Signature, typed or printed name of registered agent and title of officer(s)) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WYKOFF, ANDY L	12 NAME	Wyckoff, Andy L.	
STREET ADDRESS	6518 ABACO DR	13 STREET ADDRESS	202 Lookout Dr	
CITY ST ZIP	APOLLO BEACH FL	14 CITY ST ZIP	Apollo Beach, FL	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	SOLE, ANDREW P.	22 NAME	Sole, P. Andrew	
STREET ADDRESS	10606 SUMNER RD	23 STREET ADDRESS	11728 Lynmoor Dr	
CITY ST ZIP	WIMAUMA FL	24 CITY ST ZIP	Riverview, FL	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	WYCKOFF, LISA D	32 NAME	Wyckoff, Lisa D.	
STREET ADDRESS	6518 ABACO DR	33 STREET ADDRESS	202 Lookout Dr	
CITY ST ZIP	APOLLO BCH FL	34 CITY ST ZIP	Apollo Beach, FL	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	SOLE, LISE A.	42 NAME	Sole, Lisa A.	
STREET ADDRESS	10606 SUMNER RD	43 STREET ADDRESS	11728 Lynmoor Dr	
CITY ST ZIP	WIMAUMA FL	44 CITY ST ZIP	Riverview, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 the 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: Lisa D Wyckoff Lisa D Wyckoff 3/9/95 813-641-1489
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Secretary

0000030 CP