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

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

19968-7-96 B-96024 C

DOCUMENT # P93000048156 (2)

1. Corporation Name

PIN-POINT BORING, INC.

Principal Place of Business	Mailing Address
200 FRANDORSON CIRCLE SUITE 207 APOLLO BEACH FL 33572 US	6418 US HWY 41 N SUITE 152 APOLLO BEACH FL 33572 US

3. Date Incorporated or Qualified: 06/28/1993
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21: 11728 Lynmoor Dr.
22: Suite, Apt. #, etc
23: City & State: Riverview FL
24: Zip: 33569
25: Country: Hills.

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

PYLE, TERRENCE F
707 DEL WEBB BOULEVARD
SUN CITY CENTER FL 33573

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 New Registered Agent, if changing) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	WYCKOFF, ANDY L	
STREET ADDRESS	202 LOOKOUT DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VPD	☐ DELETE
NAME	SOLE, P. A	
STREET ADDRESS	11728 LYNMOOR DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	S	☐ DELETE
NAME	WYCKOFF, LISA D	
STREET ADDRESS	202 LOOK OUT DRIVE	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE	T	☐ DELETE
NAME	SOLE, LISA A	
STREET ADDRESS	11728 LYNMOORE DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	11728 Lynmoor Dr.	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Lisa A. Sole 8/2/96 813-641-1489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number