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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

11728 LYNMOOR DR.
SUITE 207
RIVERVIEW 33 33569
US

Mailing Address

6418 US HWY 41 N
SUITE 152
APOLLO BEACH FL 33572-1803
US



3. Date Incorporated or Qualified
06/28/1993

3a. Date of Last Report
08/07/1996

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.

Suite, Apt. #, etc.

22 City & State

23 Riverview FL

Zip

24 33569

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME WYCKOFF, ANDY L
STREET ADDRESS 202 LOOKOUT DRIVE
CITY - ST - ZIP APOLLO BEACH FL

TITLE VPD

NAME SOLE, P. A
STREET ADDRESS 11728 LYNMOOR DRIVE
CITY - ST - ZIP RIVERVIEW FL

TITLE S

NAME WYCKOFF, LISA D
STREET ADDRESS 202 LOOK OUT DRIVE
CITY - ST - ZIP APOLLO BCH FL

TITLE T

NAME SOLE, LISA A
STREET ADDRESS 11728 LYNMOOR DR.
CITY - ST - ZIP RIVERVIEW FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Sole

4.21.97

813-641-1489

CR2E034 (9/96)