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PROFIT
CORPORATION
ANNUAL REPORT

~~1996~~ 1997



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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # P94000025539 (5)

1. Corporation Name

PENBROS PRECISION COURTS, INC.

Principal Place of Business

Mailing Address

4775 MERCANTILE AVE.
SUITE 3
NAPLES FL 33942

P.O. BOX 9032
NAPLES FL 33941



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34104

25

29

34101

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RITTER, DANIEL P
749 NOTTINGHAM DRIVE
NAPLES FL 33942

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME RITTER, DANIEL P III
STREET ADDRESS 749 NOTTINGHAM DR.
CITY-ST-ZIP NAPLES FL 33942

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34108
☐ Change ☐ Addition

TITLE VD
NAME RITTER, JOSEPH S
STREET ADDRESS 4484 18TH AVE SW
CITY-ST-ZIP NAPLES FL 33999

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34116
☐ Change ☐ Addition

TITLE TD
NAME KRABBE, TIMOTHY
STREET ADDRESS 5720 22ND AVE., SW
CITY-ST-ZIP NAPLES FL 33999

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34116
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
100002211111
-06/13/97--01011--021
***173.75

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:

Joseph S. Ritter, Joseph S. Ritter 5/31/97 941-649-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)