FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000039497

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90138 048 ***150.00

PRECISI	on scraping inc. of bi	ROOKSVILLE							
Principal Place of Business Mailing Address						 	38 1111 9 1 9 111	#1### 1#	iiit 1 0 t i 1001
14389 RIALTO AVE 14389 RIALTO AVE BROOKSVILLE FL 34613						DO NOT WRITE IN TH	IS SPACE	į	
						3. Date Incorporated or Qualifed 05/16/1994			
2. Principal P	lace of Business	2a. Mailing Addres	is			4. FEI Number	=	-Appl	ied For
21		26				38-2043134			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Col	ıntry		8. This corporation owes the current year			_
24	25 29		30			Personal Property Tax.	ØYes □No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent		
14/41	ACTO AND LIAM A			81	Name				
WALKER, WILLIAM L. 14389 RIALTO AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1	
BROOKSVILLE FL 34613			83	 					
				84 City			L 85	85 Zip Code	
office of ragent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.05	05, Flonda Stat	tutes	the corporation				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	
TITLE	D	☐ DEL	.ETE 1.1 TI	ITLE)		☐ Cha	ınge	Addition \
NAME	WALKER, WILLIAM 🕹 .		1.2 N	AME	Į				
STREET ADDRESS	14389 RIALTO AVE		1.3 S	TREET	T ADDRESS				ĺ
CITY-ST-ZIP	BROOKSVILLE FL 34613				T-ZIP				
TITLE		☐ DEL	ETE 2.1 TI	ITLE			☐ Cha	ınge	☐ Addition
NAME			2.2 N	AME	ļ				,
STREET ADDRESS			235	TREE	TADDRESS				
CITY-ST-ZIP				CITY-S	ST-ZIP				
TITLE	☐ D£LETE 3.17		TLE			☐ Cha	inge	☐ Addition	
NAME			3.2 N	AME					,
STREET ADDRESS			3.3 \$	TREE	TADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DEL					☐ Cha	пge	Addition
NAME			4.21	AME					}
STREET ADDRESS					TADORESS				
CITY-ST-ZIP					T-ZIP				- Addition
TITLE		☐ DEL					☐ Cha	មសិ ត	☐ Addition
NAME			5.2 N		× 4000000				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP					51-ZIP		☐ Cha		Addition
TITLE		☐ DEL	EIE 62N					n-Ac	

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

... WILLIAML WALKER

01/20/99

352-596-4166

Daylime Phone #