FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055961 (4)**

1. Corporation Name

PRECISION DATA TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
9834 BAYMEADOWS ROAD JACKSONVILLE FL 32256	9834 BAYMEADOWS ROAD JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/22/1994**

3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 1015 ATLANTIC BLVD	26 1015 ATLANTIC BLVD
Suite, Apt. #, etc. 22 # 257	Suite, Apt. #, etc. 27 # 257
City & State 23 ATLANTIC BEACH, FL	City & State 28 ATLANTIC BEACH, FL
Zip / Country 24 32233 / 25 USA	Zip / Country 29 32233 / 30 USA

4. FEI Number: 59-3257246 ☐ 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
PEEK, DAVID H 1609 GUL LIFE TOWER JACKSONVILLE FL 32207	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	GROUP, ROBERT R	1.2 NAME	FISCHER KURT P	
STREET ADDRESS	8787 SOUTHSIDE BLVD. STE. 2203	1.3 STREET ADDRESS	474 WET ROCK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	FISCHER, KURT T P	2.2 NAME	EVANS, ROB	
STREET ADDRESS	8787 SOUTHSIDE BLVD. STE. 2203	2.3 STREET ADDRESS	756 HERBERT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, ROB	3.2 NAME		
STREET ADDRESS	756 HERBERT STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Kurt P. Fischer KURT P. FISCHER 4/28/95 (904) 221-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0091082 CP