

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000055961 (4)

1. Corporation Name

PRECISION DATA TECHNOLOGIES, INC.

Principal Place of Business

474 WET ROCK LANE
SUITE 257
JACKSONVILLE FL 32225
US

Mailing Address

474 WET ROCK LANE
SUITE 257
JACKSONVILLE FL 32225
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 112 WEST ADAMS STREET

Suite, Apt. #, etc.

22 SUITE 1107

City & State

23 JACKSONVILLE FL

Zip

24 32202

Country

25 US

2a. Mailing Address

26 112 WEST ADAMS STREET

Suite, Apt. #, etc.

27 SUITE 1107

City & State

28 JACKSONVILLE FL

Zip

29 32202

Country

30 US

9. Name and Address of Current Registered Agent

MARK A. REINSCH, ESQ.
200 W. FORSYTH STREET, SUITE 1400
JACKSONVILLE FL 32202

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

NAME
PD
FISCHER KURT P
STREET ADDRESS
474 WET ROCK LANE
CITY-ST-ZIP
JACKSONVILLE FL

☐ DELETE

TITLE

NAME
VSTD
GROUP, ROBERT R.
STREET ADDRESS
474 WET ROCK LANE
CITY-ST-ZIP
JACKSONVILLE FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

☐ Change ☐ Addition

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14. I 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

[Signature]

3/11/98

904-358-3300

CR2034 (10/97)