SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000060474 (1) DOCUMENT # PRECISION PAPERHANGING, INCORPORATED Mailing Address Principal Place of Business 22 CITRUS AVE 22 CITRUS AVE **DUNEDIN FL 34698 DUNEDIN FL 34698** 3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995 08/12/1994 4, FEI Number Applied For 59-3264057 Not Applicable 21 \$8.75 Additional Suite, Apt 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Zip Country Yes 🔀 Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOLAN, JAMES P III 82 Street Address (P.O. Box Num 22 CITRUS AVE **DUNEDIN FL 34698** 83 Zip Code 84 City 02 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered provisions of Section of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment plants of the proposition of the pro 11. Pursuant to the ed agent, or bo office or registe agent I am far SIGNATURE dittie flappicati ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/S) CERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1.1111.6 TITLE CR2E034 DOLAN, JAMES P III 1.2 NAME NAME 22 CITRUS AVE 1.3 STREET ADDRESS STREET ADDRESS DUNEDIN FL 14 CiTY - ST - 7/P CITY - ST-ZIP Change _____ Addition DELETE 2.1 THLE TITLE DOLAN, LYNDEE L 2.2 NAME NAME 22 CITRUS AVE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIF **DUNEDIN FL** CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-ST-ZIP Change ____ Addition DELETE 4.1 IIILE TOTAL 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP Change Addition DELETE & 1 TITLE THILE 6.2 NAMS NAME 6 3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP tion supplied with this filing is volunturily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I 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 the composition of the comp 14. I do hereby certify that the information further certify that the information made under oath, that I am an off er or director of the corpor chnient with an address that my name appears in Block 1 or Block 13 if change

ING OFFICER OR DIRECTOR

SIGNATURE: