FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000039231 (2)**

1. Corporation Name

PRECISION TECHNOLOGIES, INC.

Principal Place of Business

1660 KINSMERE DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

1660 KINSMERE DRIVE
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: **05/15/1995**

3a. Date of Last Report:

4. FEI Number: **59-3312624** ☐ 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. Does corporation file Liability for Intangible Tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21: 239 VOLLMER AVE
22: Suite, Apt. #, etc.
23: City & State: OLDSMAR FLA
24: Zip: 34677
25: County: USA PINELLAS

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

HIGHBAUGH, JAMES B ESQ.
120 EAST STATE STREET
SUITE 101
OLDSMAR FL 34677

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	EVANS, JAMES D	
STREET ADDRESS	1660 KINSMERE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1: TITLE	☐ Change ☐ Addition
2: NAME	
3: STREET ADDRESS	
4: CITY-ST-ZIP	
5: TITLE	☐ Change ☐ Addition
6: NAME	
7: STREET ADDRESS	
8: CITY-ST-ZIP	
9: TITLE	☐ Change ☐ Addition
10: NAME	
11: STREET ADDRESS	
12: CITY-ST-ZIP	
13: TITLE	☐ Change ☐ Addition
14: NAME	
15: STREET ADDRESS	
16: CITY-ST-ZIP	
17: TITLE	☐ Change ☐ Addition
18: NAME	
19: STREET ADDRESS	
20: CITY-ST-ZIP	
21: TITLE	☐ Change ☐ Addition
22: NAME	
23: STREET ADDRESS	
24: CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not appear, to the best of my knowledge, to be false or misleading. 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 added, or an attachment with an address.

SIGNATURE: JAMES D. EVANS/PRESIDENT 3/27/96 (813) 854-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)