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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

FILED

May 30 1997 8:00am

Secretary of State

813.630-7724

Secretary of Stale DIVISION OF CORPORATIONS

DOCUMENT # P95000056395 (3)

PRECISE OPTICS, INC.

Principal Place of Business

13191 STARKEY SUITE 9 LARGO FL 3484 US	-	13191 STARKEY RD SUITE 9 LARGO FL 33773-1438 US		2. Data too ground at Ocalificat	
				3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report 08/19/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number APPLIED FOR 59-	3328334 Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
Ζφ	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	
24	9. Name and Address of Cu		10	Florida Statutes 10. Name and Address of New Re-	Yes No
B1 Name					
2995 TYRQNE BLVD NORTH				ROW G PERMS VM dress (P.O. Box Number is Not Acceptab	
. ST P	etersbyrg fl 33710		13191		
,			83		
	,		84 City L	ARGO	FL 85 Zip Code 33773
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 egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 					
SIGNATURE Signature types as proted name of registered agent and filter applicable (NOTE: Registered Agent signature required when reinstaling) DATE					
12. ,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAM!	FERGUSON, HAROLD G		1.2 NAME		
STREET ADDRESS	8357 125 PLACE NORTH		1.3 STREET ADORESS		
CITY-ST-7IP TITUE	LARGO FL 34643	DELETE	1.4 City-St-ZiP		Change D Addition
NAME			2.1 TITLE 2.2 NAME		Change Addition
STREET ASIORESS			2 3 STREET ADDRESS		
CHY-SI-ZiP			2. 4 CITY - ST - ZiP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME.			32 NAME		
STREET ACCORESS			33 STREET ADDRESS	•	
CITY - ST - ZIP TITLE		DELETE	3.4. CATY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		C. CHANGE CONTROL
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 DITY-SY-ZIP	***************************************	
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME DIGGGG AFRICAGO			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
GITY-ST-ZIP TITLE		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME		THE PERSON NAMED IN COLUMN 1	6 2 NAME		time wrongo time recentors
SIREEL ADDRESS			6.3 STREET ADDRESS		
CiTy+ST-ZiF			6 4 CITY - ST - ZIP		
14. I do hereby certily 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.					