

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

FILED

**Mar 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063137 (0)
1. Corporation Name
PRECISION CONTROL TECHNOLOGY, INC.

Principal Place of Business 2800 S. FINANCIAL COURT SANFORD FL 32773-8118	Mailing Address 2800 S. FINANCIAL COURT SANFORD FL 32773-8118
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country U.S.	30 Country U.S.

3. Date Incorporated or Qualified 08/10/1995	
4. FEI Number 59-3332536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOOLDRIDGE, ALLEN W
2800 S. FINANCIAL COURT
SANFORD FL 32773-8118**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Allen W. Wooldridge* **ALLEN W WOOLDRIDGE** **PRESIDENT** **3/3/98**
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOOLDRIDGE, ALLEN W	
STREET ADDRESS	312 COLUMBO CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PEDERSON, CHARLES O	
STREET ADDRESS	1 PEDERSON ROAD	
CITY-ST-ZIP	ALTOONA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RICH, PAUL I	
STREET ADDRESS	904 SHETLAND AVENUE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANTHONY, PATRICK M	
STREET ADDRESS	508 BALMORAL ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AVRON, BRYAN	
STREET ADDRESS	26 COUNTRY CLUB ROAD	
CITY-ST-ZIP	COCOA BEACH FL 32932	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCDONALD, EUGENE P	
1.3 STREET ADDRESS	154 PIONEER DR	
1.4 CITY-ST-ZIP	LEOMINSTER, MA 01453	
2.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REYNOLDS, JACQUELINE K	
2.3 STREET ADDRESS	414 RIVER DR	
2.4 CITY-ST-ZIP	DEBARY, FL 32713	
3.1 TITLE	VP-ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WALKOVICH, CHARLES P	
3.3 STREET ADDRESS	154 PIONEER DR	
3.4 CITY-ST-ZIP	LEOMINSTER, MA 01453	
4.1 TITLE	VP-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KAROL, WILLIAM S	
4.3 STREET ADDRESS	154 PIONEER DR	
4.4 CITY-ST-ZIP	LEOMINSTER, MA 01453	
5.1 TITLE	VP-SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEAVER, WILLIAM J	
5.3 STREET ADDRESS	154 PIONEER DR	
5.4 CITY-ST-ZIP	LEOMINSTER, MA 01453	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *Allen W. Wooldridge* **ALLEN W WOOLDRIDGE** **PRESIDENT** **3/3/98** **107220-4800**

CP2E034 (10/97)