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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096904 (4)

KP PR	ECISION MACHINING, INC									
Principal Plac	ce of Business	Mailing Address					IIO DINIO I	FIN FI	AT GLAS HAND	
13291 93RD ST N 13291 93RD ST N LARGO FL 33773 LARGO FL 34643						DO NOT WRITE IN THIS SPACE				
00						3. Date Incorporated or Qualified				
						01/01/1996				
2. Principal I	Place of Business	2s. Mailing Address				4. FEI Number		Ar	plied For	
21		26				59-3353138	[No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						6. Certificate of Status Desired	- CO 75 Additional			
City & Sta	ito	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28		_		Trust Fund Contribution			lo Føes	
Z ip 24	Country 25	7(p)	30	intry	,		Yes Yes	<u> </u>	angible] No	
	g. Name and Address of Curre	nt Registered Agent		<u>.</u>	T	10. Name and Address of New Registered	Agent			
	reece, ken			81	Name					
7876 SHADOW RUN DR				82	Street A	dress (P.O. Box Number is Not Acceptable)				
	JITE 2400				ļ					
LA	NRGO FL 33773			83]					
				84	City		85	Zip	Code	
				L	l	F <u>l</u>				
SIGNATURE	Signature, typed or posted name of registered as					corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appearance of the purpose of the purp				
TITLE	PV	DELETE	1.1 1	TLE	T	ADDITIONS/CHANGES TO OFFICERS AN	CI		Addition	
NAME	1 ** .	PREECE, KENNETH		AME	i i		-			
STREET ADORESS	7876 SHADOW RUN DR			1.3 STREET ADDRESS						
CITY-ST-ZIP	LARGO FL				ST-ZIP					
TITLE	TS	DELETE	2.1 10				CI	nange	☐ Addition	
NAME	PREECE, JANE		22 N/	AME]					
STREET ADDRESS	7876 SHADOW RUN DR				ADDRESS					
CITY-ST-ZIP	LARGO FL				ST-ZIP					
TITLE	T			3.1 TITLE			CI	ange	Addition	
NAME			3.2 N/	AME	- 1					
STREET ADDRESS	1		3.3 S1	REET	ADDRESS					
CITY-ST-ZIP	<u> </u>		3 <u>.4</u> . C	(TY-5	ST-ZIP					
TITLE		DELETE	4.1 TITLE				CI	ange	Addition	
NAME	1		4. 2 N	AME)					
STREET ADDRESS			4,3 S1	REFT	ADDRESS					
City-St-ZIP	<u> </u>				1-7IP					
TITLE	☐ DELETE 5		5.170	5.1 TITLE			☐ Cr	ange	Addition	
NAME			52 N/	AME)					
STREET ADDRESS	1		5.3 S1	HEET	ADDRESS					
CITY-ST-ZIP		T.V.	5.4 CI	TY-S	IT- ZIP					
TITLE		☐ DELETE	61 TI	TLE .	[□ Cł	nange	Addition	
NAME	1		62 N/	AME	1					
14 4112	1									

14. Thereby certify that the information supplied with this thing 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 supplied ental 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 trusted 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.

6.4 CITY - ST-ZIP

SIGNATURE

FILED

Mar 11 1998 8:00am

Secretary of State