

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 15 AM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019233 (1)

1. Corporation Name

PRECISION FRAMING OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

13923 SW 128TH AVE
ARCHER FL 32618

13923 SW 128TH AVE
ARCHER FL 32618-5702

2. Principal Place of Business

21 13933 SW 143 ST.

2a. Mailing Address

26 6406 NW 27 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ARCHER FL.

24 Zip

32618

Country

U.S.

27 City & State

28 GAINESVILLE FL.

29 Zip

32653

Country

U.S.

9. Name and Address of Current Registered Agent

CURLING JEFFREY D
13923 SW 128TH AVE
ARCHER FL 32618

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3365208

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

CLYDE FULFORD

82 Street Address (P.O. Box Number is Not Acceptable)

6406 NW 27 ST.

83

84 City

GAINESVILLE

FL

85 Zip Code
32653

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 607.0502, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent and fee if applicable

(Not Registered Agent signature required when circulating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SECRETARY

1.2 NAME

ANDREW C. SENSTON

1.3 STREET ADDRESS

P.O. BOX 1454

1.4 CITY-ST-ZIP

NEWBERRY FL. 32669

2.1 TITLE

TREASURER

2.2 NAME

THOMAS E. POBERTS

2.3 STREET ADDRESS

1615 N.E. 19 LANE

2.4 CITY-ST-ZIP

GAINESVILLE FL. 32609

3.1 TITLE

PRESIDENT

3.2 NAME

CLYDE A FULFORD JR.

3.3 STREET ADDRESS

6406 N.W. 27 ST.

3.4 CITY-ST-ZIP

GAINESVILLE FL. 32653

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-07/18/97-00067-008

****165.00 ****165.00

7-17-97

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE

CLYDE A FULFORD JR.

4/29/97 357-212-2107

CR2E034 (9/96)