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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081025 (4)

1. Corporation Name
LARGO PRECISION MACHINING, INC.



Principal Place of Business
13291 93RD STREET NORTH
LARGO FL 33773

Mailing Address
13291 93RD STREET NORTH
LARGO FL 33773-1326

3. Date Incorporated or Qualified
09/27/1996

3a. Date of Last Report

2. Principal Place of Business
21 13070 B 90th St. N.
Suite, Apt. #, etc.

2a. Mailing Address
26 Same
Suite, Apt. #, etc.

4. FEI Number
59-3408494

Applied For
Not Applicable

22 #703B

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 LARGO, FL
City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33773
Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREECE, KEN
13291 93RD STREET NORTH
LARGO FL 33773

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
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| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|---------------------|----------------------|---|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | KEN PREECE | |
| 1.3 STREET ADDRESS | 7876 Shadow Run Dr. | |
| 1.4 CITY - ST - ZIP | Largo, FL 33773 | |
| 2.1 TITLE | V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ART Roberts | |
| 2.3 STREET ADDRESS | 2161 Fulton Way S.W. | |
| 2.4 CITY - ST - ZIP | Largo, FL 33774 | |
| 3.1 TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Jane Preece | |
| 3.3 STREET ADDRESS | 7876 Shadow Run Dr. | |
| 3.4 CITY - ST - ZIP | Largo, FL 33773 | |
| 4.1 TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Jacki Roberts | |
| 4.3 STREET ADDRESS | 2161 Fulton Way S.W. | |
| 4.4 CITY - ST - ZIP | Largo, FL 33774 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-97 813-588-9196

Date

Daytime Phone #

CR2E034 (9/96)