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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 05 1998 8:00am

Secretary of State

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1-28-98

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

SIGNATURE:

P96000081211 (0) **DOCUMENT #**

GURNEY PRECISION MACHINING INC.

Principal Place of Business Mailing Address 2347 16TH AVENUE NORTH 2347 16TH AVENUE NORTH UNIT A INIT A DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 3. Date Incorporated or Qualified 09/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3411281 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 Yes ☐ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GURNEY, KAREN C 2347 16TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) **UNIT A** 83 ST. PETERSBURG FL 33713 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE GURNEY, KAREN NAME 1.2 NAME 2347 16TH AVE. N., UNIT A STREET ADDRESS 1,3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME GURNEY, DAVID L 2.2 NAME 2347 16TH AVE. N., UNIT A STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY - ST - ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TOTALE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

Jakarèn C.Gurney President

14. Thereby certify that the information supplied with this filling 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.