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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092065 (7)

Principal Place of Business	Mailing Address	
5708 N 40TH ST TAMPA FL 33610	5708 N 40TH ST TAMPA FL 33610	

FILED May 06 1998 8:00am Secretary of State

_	CT & PRECISE DETAIL & T	IKE SHOP, INC.			
Principal Place	of Business	Mailing Address		1 10 DILLOW 100 10010 BOILL BRID COLL OF ILL COLL COLL COLL COLL COLL COLL COLL	MED HIGH BOMO DINGE CINE LODI
5708 N 40TH SY TAMPA FL 33610		5708 N 40TH ST TAMPA FL 33610		DO NOT WOITE IN THE	C CDACE
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
2. Principal Pl	ace of Business	2a. Mailing Address		11/07/1996 4. FEI Number	Applied For
21		26		59-3409377	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 Same and Address of Course		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	g, Name and Address of Curren	n Hegistered Agent	81 Name		a waaur
	INS, WILLIE L		Les	Lie J. VEFFERSO	(بر,
	8 N 40TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	-
TAN	MPA FL 33610		83 570	8 14. 40 th -ineget	
			84 City	AMPA F	L 85 Zip Code 10
11. Pursuant t	a the provisions of Sections 607.050	2 and 607 1508. Florida Statute			of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the inslig	of Florida. Such change was a	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the	opointment as registered
	Ti translar wan, and accept the issig	ations of, Section 607.0505, Fig		Taccucal db.	100
SIGNATURE C	Signature, typed or printed name of registered ag	of and the hipplicable (NOTE	Shile	Jes Cuson 7/22 uired when runstating) DATE	
12		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	EVANS, WILLIE L		1.2 NAME		
STREET ADDRESS	5708 N 40TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		1.4 CITY-ST-ZIP	<u> </u>	
TITLE	DST	☐ DELETE	2.1 TITLE	essie & Jeffayal	Change Addition
NAME	JE FFERSON, LESLIE L	•	2.2 NAME	assie &. Vetterson	
STREET ADDRESS	5708 N 40TH ST		2.3 STREET ADDRESS	70 N. 41 th Street	
CITY-ST-ZIP	TAMPA FL 33610	Delete	2 4 City-St-ZiP	TAMPA JL. 33	
TITLE		[] DELETE	3 1 TITLE	• /	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. C/TY - ST - ZIP 4 1 TITLE		Change Addition
NAME		Last Detter	4. 2 NAME		- Outride Control
STREET ADDRESS					
•			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET E	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		☐ DELETE	61 TITLE	*	Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		+
	artific that the information consider u	its this filing does not qualify fo		o Section 119 07/3\/i) Florida Statutos I further	cortify 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.