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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000009056 (7)

PRECISION POOL WORKS, INC.

Princi	pai Piace	or pusine	
4438	MAYGOG	ROAD	

Mailing Address

## **FILED** Apr 29 1998 8:00am Secretary of State



r micipan race	O DOSINOSS	Maining Address			\ \		
4438 MAYGO SARASOTA F		4438 MAYGOG ROAD SARASOTA FL 34233			DO NOT WRITE IN THIS.	SPACE	
					3. Date Incorporated or Qualified	517102	
					01/24/1997		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
21		26			65-0732175		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired		Required
City & State	9	City & State			6. Election Campaign Financing		O May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the cur		
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	_ ′	□No
	8. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
BO	LT, GROVE		81	Name			
	8 MAYGOG ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)		
	RASOTA FL 34233		"	Directi	ndores (1.0. box fromber is not neceptable)		
			83	1			
			-			7227 7:	
			84	City	FL	85 Zip	p Code
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abov	e-named	corporation submits this statement for the purpose of	f changing	its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was ations of Section 607,0505. FI	authorized b lorida Statute	y the corp	poration's board of directors. I hereby accept the app	iointment a	as registered
•	The terminal with the coope the cong	010000110		<b>U</b> .			
SIGNATURE	Signature, typod or printed name of registered age	ont and little if applicable (NO)	TE Registored Ag	ent signature	required when reinstating) DATE		<sub>1</sub>
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	X DELETE	1.1 TITLE	_	S	Change	Addition
NAME	MORRIS, DONALD		1.2 NAME		Leverett, Zollie		;
STREET ADDRESS	4438 MAYGOG ROAD		1.3 STREE	ADDRESS	1124 Cocoanut Ave.		6
CITY-ST-ZIP	8ARASOTA FL 34233		1.4 CITY-	ST-ZIP	Sarasota, FL 34236		
TITLE	D/P	☐ DELETE	2.1 TITLE		D	Change	Addition C
NAME	<b>B</b> ÓLT, GROVE		2.2 NAME		Bolt, Ann G.		
STREET ADDRESS	4438 MAYGOG ROAD		2.3 STREE	ADDRESS	4438 Maygog Rd.		
CITY-ST-ZIP	SARASOTA FL 34233		2.4 CITY-	ST-ZIP	Sarasota, FL 34233		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE€	T ADDRESS			1
CITY-ST-Z#P			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	7		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	ļ			ļ
STREET ADDRESS			5.3 STREE	ADDRESS			İ
CITY-ST-ZIP			5.4 CITY-	51 - ZIP			
TITLE		☐ DELETE	6.1 TITLE	_		Change	Addition
NAME			6.2 NAME	)			Ì
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST - ZHP			
44 I berebu o	artifuthat the information cumplied u	ith this filing door not qualify t	or the every	tion state	od in Section 110 07/3Vi) Florida Statutos, Lifurthar os	etife, that th	an information

Intereory certify trial 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 informatic 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 chapter on an attachment with an address.

Grove L. Bolt

President

President

(9M) 924 -W.9