

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90068 024 ***150.00

DOCUMENT # P97000029972

1. Corporation Name

PRECISION GRADALL INC.

Principal Place of Business
4805 PINE KNOTT LANE
WEST PALM BEACH FL 33417

Mailing Address
4805 PINE KNOTT LANE
WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1997

4. FEI Number
65-0741341

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4571 126th DR N

22 Suite, Apt. #, etc.

23 City & State

WPB FL

24 Zip 33411 25 Country

2a. Mailing Address

26 4571 126th Dr N

27 Suite, Apt. #, etc.

28 City & State

WPB FL

29 Zip 33411 30 Country

9. Name and Address of Current Registered Agent

CORUM, WILLIAM
4805 PINE KNOTT LANE
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
CORUM, William

82 Street Address (P.O. Box Number is Not Acceptable)
4571 126th DR N

83

84 City
WPB

85 Zip Code
FL 33411

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS CORUM, WILLIAM
CITY-ST-ZIP 4805 PINE KNOTT LANE
WEST PALM BAY FL 33417

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 4571 126th Dr N

1.3 STREET ADDRESS WPB FL 33411

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME v/s Karen Corum

2.3 STREET ADDRESS 4571 126th DR N

2.4 CITY-ST-ZIP WPB FL 33411

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-99 561 791 1791

CR2E034 (11/98)

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