## 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 # P97000083927 (8)

PRECISE HANDS, INC.

SIGNATURE:

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2700 N. MACDILL AVENUE 2700 N. MACDILL AVENUE SUITE 208 TAMPA FL 33607 SUITE 208 DO NOT WRITE IN THIS SPACE **TAMPA FL 33607** 3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3115 W. Columbus Dr. 3115 W. Colum bys Dr. Suite, Apt. #, 918. 59-3476437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Interfule
 Personal Property Tax due June 30.
 Yes Country Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NORTON, DIANE C Street Address (P.O. Box Number is Not Acceptable)
3115 W. Columbus Dr.
Swite 107 2700 N. MACDILL AVENUE 82 SUITE 208 63 **TAMPA FL 33607** 84 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. City. DIANECHOFTON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Add OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Addition TITLE D 1.1 TITLE Norton, DIANE C. suite 107 NORON, DIANE C NAME 1.2 NAME 2700 N. MACDILL AVENUE, SUITE 208 STREET ADDRESS 1.3 STREET ADDRESS Tamph, Fl. 33607 TAMPA FL 33607 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE <u>Change</u> NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change DELETE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change DELETE Addition 6.1 TOTLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.