## 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

DOCUMENT # P980000 3433/

1. Corporation Name

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Precision Beveling Inc

## **FILED** Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90012 025 \*\*\*150.00

Principal Place of Business	it Place of Business Mailing Address			595469 - 90012 - 25		
•						
				DO NOT WRITE IN T	HIS SPACE	
				3. Date incorporated or Qualifed		
				3/13/98		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		upplied For
21 954 Pine Island Rd I-	J 26			65-0820395		lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22	27			5. Derilloate of Status Desired	Fee F	Required
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23 Cane Coral FL	28			Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country		8. This corporation owes the current year	r Intangible	, 1
24 33909 25	29 3	0		Personal Property Tax.	☐ Yes	Δ/Nο
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	ed Agent	
0 10		81	Name			
Susan A Coan		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
5324 SUNITA,	4v			and (r. c. dox realizer is necrosopiatio)		
Cape Coral F	L 33914	83				
70 20, 27		84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the above	named come			ts registered
office or registered agent, or both, in the Star	te of Florida. Such change was auth	norized by	the corporatio	in's board of directors. I hereby accept the a	pointment as r	egistered
agent. I am familiar with, and accept the obli	gations of, Section 607.0505, Florid	a Statutes	•		/	1 -
SIGNATURE Susan ( Coan	ACTION BOTTON	anistanud Anisr	t aignature required	s when reinstating) DATE	7/15	122
Signature, typed or printed name of registered a  12. OFFICERS A	AND DIRECTORS	13.	t agriator required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TIME (C	□ DELETE	1.1 TITLE			☐ Change	
NAME SUSAN A CORN STREET ADDRESS 5334 541 1 44 A		1.2 NAME	ľ			
5234 54 1 th A	<b>v</b>	1.3 STREET	ADODEDE			
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14. I hereby certify that the information supplied with the information supplied with the information supplied with the information supplied with the information indicated on this annual report or suppliemental 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: