

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

\$200.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12602 (6)**

1. Corporation Name
PRECISION CONTRACTING SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
311 W. INDIANTOWN RD SUITE 7 JUPITER FL 33458 US

3. Date Incorporated or Qualified **11/14/1990** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3057681** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SARA L. BOYD
18223 RIVER OAKS DRIVE
JUPITER FL 33458**

81 Name **CINDY BOYD**
82 Street Address **311 W. INDIANTOWN RD SUITE 7**
83 **JUPITER**
84 City **JUPITER** FL 85 Zip Code **33458**

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 *Cindy Boyd* *Cindy Boyd* DATE **4-3-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BOYD, CINDY S.**
STREET ADDRESS **6389 CONROY ROAD #1712**
CITY - ST - ZIP **ORLANDO FL**

11 TITLE **President, Director** Change Addition
12 NAME **Cindy S. Boyd**
13 STREET ADDRESS **7335 Tallowtree Lane**
14 CITY - ST - ZIP **Orlando FL 32835**

TITLE **D**
NAME **BOYD, BRUCE R.**
STREET ADDRESS **18223 RIVER OAKS**
CITY - ST - ZIP **JUPITER FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **DCST**
NAME **BOYD, SARA L.**
STREET ADDRESS **18223 RIVER OAKS**
CITY - ST - ZIP **JUPITER FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS **700001453967**
34 CITY - ST - ZIP **-04/12/95--01020--014**
*******200.00 *****200.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Cindy Boyd* **Cindy Boyd** DATE **4-3-95** **407-743-9737**