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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12602

(6)

PRECISION CONTRACTING SERVICES, INC.

FILED
Jan 24 1997 8:00am
Secretary of State

Principal Place of Business 311 W. INDIANTOWN RD SUITE 7 JUPITER FL 33458 US	Mailing Address 311 W. INDIANTOWN RD SUITE 7 JUPITER FL 33458-3536 US				Incorporated or Qualified		ate of Last	
	•				14/1990		23/1996	фрон
2. Principal Place of Business	26. Mailing Address			4. FEI				pplied For
Suite, Apt #, etc.	Suite Apt. #, etc.			59	H3057681			Additional
22	27			5. Certi	ificate of Status Desired	X		Additional required
City & State	City & State			6. Elect	tion Campaign Financing		\$5.00	May Be
23	28			Trust	Fund Contribution			to Fees
Zip Country	Zip	Country		•	corporation has liability for	7 -	_	s. 199.032,
24 25 9. Name and Address of Cur	rrent Registered Agent	30			da Statutes ne and Address of New I		No Agent	
BOYD, CINDY		81	Name	1			9	· · · · · · · · · · · · · · · · · · ·
311 W. INDIANTOWN RD.		82	Stragt Addr	race (P.O. B	lox Number is Not Accept	table)		
SUITE #7			Street Addi	1655 (F.O. D		labie)		
JUPITER FL 33458		83						
		84	City	******			85 Zip	Code
						<u>FL</u>	•	
 Pursuant to the provisions of Sections 607.0 office or registered agent or both, in the Stagent of am familiar with and accept the of 	late of Florida. Such change was bligations of: Section 607.0505, F	authorized by Ibrida Statutes	the corporat 3.	tion s poaro	or directors, I hereby act	sopi tile app	20)) ((1+)O(1) ((2)	
office or registered agent for both, in the SI agent if am familiar with land accept the of SIGNATURE Signature	bligations of Section 607.0505, F	Iorida Statutes	3.	ired when reinsta	ating)	DATE	- 1	DC 1M 12
office or registered agent, or both, in the SI agent, I am familiar with, and accept the of SIGNATURE Signature, hipped to pointer carrie of registered to pointer carrie of registered to pointer carries of registered to pointer ca	bligations of Section 607.0505, Find agree and tile Laprocable (NO AND DIRECTORS	TE. Registered Age	3.	ired when reinsta		DATE	D DIRECTO	
office or registered agent or both, in the Stagent Familiar with and accept the of SIGNATURE Signature Signature position connect most error of most error of the SIGNATURE PD TILE PD	bligations of Section 607.0505, F	Iorida Statutes	3. Init signature requir	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change	
office or registered agent or both, in the Stagent 1 am familiar with and accept the of SIGNATURE Signator, typic to profession of mostered OFFICERS THE PD	bligations of Section 607.0505, Find agree and tile Laprocable (NO AND DIRECTORS	TE. Registered Age 13. 1.1 TITLE	3. Init signature requir	ired when reinsta ADDIT	ating)	DATE FICERS AND	DIRECTO Change	
office or registered agent or both, in the Stagent 1 am familiar with and accept the of SIGNATURE Signation, typed to political carried mostlered 12. OFFICERS TILE PD NAME BOYD, CHNDY S.	bligations of Section 607.0505, Find agent and the Tappocable (NO AND DIRECTIORS DELETE	DTE. Registered Age 13. 1.1 TITLE 1.2 NAME	ant signature requirement signature requirem	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change	
office or registered agent or both, in the Stagent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TILE PD MAME BOYD, CINDY S. STREET ADDRESS 7335 TA;;OWTREE LANE CITY ST-ZIP ORLANDO FL 32835	bligations of Section 607.0505, Find agree and tile Laprocable (NO AND DIRECTORS	DTE. Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ant signature requirement signature requirem	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change	Addition
office or registered agent or both, in the Stagent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TILE PD MAME BOYD, CINDY S. STREET ADDRESS 7335 TA;;OWTREE LANE CITY ST-ZIP ORLANDO FL 32835 TILE D NAME BOYD, BRUCE R.	bligations of Section 607.0505, Find agent and the Tappocable (NO AND DIRECTIORS DELETE	In the statutes of the statute	ADDRESS 7	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO A Change	Addition
office or registered agent or both, in the Stagent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TIRE BOYD, CHNDY S. STREET ADDRESS CITY: ST-ZIP NAME BOYD, BRUCE R. STREET ADDRESS THEE BOYD, BRUCE R. STREET ADDRESS STREET ADDRESS THEE BOYD, BRUCE R.	bligations of Section 607.0505, Find agent and the Tappocable (NO AND DIRECTIORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET 2.3 STREET	ADDRESS 7	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO A Change	Addition
office or registered agent or both, in the Stagent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TIRE PD MAME BOYD, CHNDY S. STREET ADDRESS 7335 TA;; OWTREE LANE ORLANDO FL 32835 TILE D MAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY: ST-ZIP JUPITER FL	bligations of Section 607.0505, Find agent and the Tappocable (NO AND DIRECTIORS DELETE	In the statutes of the statute	ADDRESS 7	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change	☐ Addition
office or registered agent or both, in the Stagent fam familiar with and accept the of SIGNATURE 12. OFFICERS 111.E PD NAME BOYD, CHNDY S. 7335 TA;;OWTREE LANE ORLANDO FL 32835 111.LE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL 101.LE DCST	bligations of Section 607.0505, Fid agent and tile it approable (NO AND DIRECTORS DELETE)	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 2.4 CITY-S	ADDRESS 7	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO A Change	Addition
office or registered agent or both, in the St agent it am familiar with and accept the of SIGNATURE SIGNATURE Signature, hyperfor positive cannot be received to the State of the State o	bligations of Section 607.0505, Fid agent and tile it approable (NO AND DIRECTORS DELETE)	TEORIGA Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS 7 ADDRESS 51-ZIP	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change	☐ Addition
office or registered agent or both, in the St agent it am familiar with and accept the of SIGNATURE 12. OFFICERS TILE PD BOYD, CINDY S. STREET ADDRESS 7335 TA;;OWTREE LANE CITY ST-ZIP ORLANDO FL 32835 TILLE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPTTER FL TITLE DCST NAME BOYD, SARA L.	bligations of Section 607.0505, Fid agent and tile it approable (NO AND DIRECTORS DELETE)	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change	☐ Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TITLE PD NAME BOYD, CINDY S. STREET ADDRESS 7335 TA;;OWTREE LANE CITY ST-ZIP ORLANDO FL 32835 TITLE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY ST-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS 18223 RIVER OAKS CITY ST-ZIP JUPITER FL TITLE TABLESS 18223 RIVER OAKS CITY ST-ZIP JUPITER FL TITLE V	bligations of Section 607.0505, Fid agent and tile it approable (NO AND DIRECTORS DELETE)	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change	Addition Addition
office or registered agent or both, in the St agent it am familiar with and accept the of SIGNATURE 12. OFFICERS TILE PD NAME BOYD, CINDY S. STREET ADDRESS 7335 TA;;OWTREE LANE CITY-ST-ZIP ORLANDO FL 32835 TILLE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE V NAME GOSSAGE, EARL	bligations of. Section 607.0505, Fid agreed and tile it approaching (NO AND DIRECTIORS DELETE) DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change Change Change	Addition Addition
office or registered agent or both, in the St agent it am familiar with and accept the of SIGNATURE 12. OFFICERS TILE PD NAME BOYD, CINDY S. STREET ADDRESS 7335 TA;;OWTREE LANE CITY-ST-ZIP ORLANDO FL 32835 TILLE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE TORS TREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE V NAME GOSSAGE, EARL STREET ADDRESS 2710 BROWNRIDGE CT	bligations of. Section 607.0505, Fid agreed and tile it approaching (NO AND DIRECTIORS DELETE) DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ADDRESS ADDRESS ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change Change Change	Addition Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS 11. OFFICERS 12. OFFICERS 13. OFFICERS 13. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 16. OFFICERS 16. OFFICERS 16. OFFICERS 17. ST-ZIP 17. OFFICERS 18. OFFICERS 19. OFFICERS 18. OFFICERS 18	bligations of. Section 607.0505, Fid agreed and the Happenable (NO AND DIRECTIORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS ADDRESS ADDRESS ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change Change Change	Addition Addition Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS 11. OFFICERS 11. OFFICERS 11. OFFICERS 11. OFFICERS 11. OFFICERS 12. OFFICERS 13. OFFICERS 14. OFFICERS 15. OFFICERS 16. OFFICERS 16. OFFICERS 17. OFFICERS 17. OWTREE LANE 17. ORLANDO FL 32835 11. ORLANDO FL 32835 12. ORLANDO FL 32835 12. ORLAN	bligations of. Section 607.0505, Fid agreed and tile it approaching (NO AND DIRECTIORS DELETE) DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.5 TITLE 5.5 TITLE 5.5 TITLE 5.5 TITLE	ADDRESS ADDRESS ADDRESS ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change Change Change	Addition Addition Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS 11. OFFICERS 11. PD BOYD, CINDY S. 7335 TA;;OWTREE LANE CITY-ST-ZIP ORLANDO FL 32835 11.LE D NAME BOYD, BRUCE R. 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL 10.TLE DCST NAME BOYD, SARA L. 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL 10.TLE V NAME GOSSAGE, EARL 2710 BROWNRIDGE CT MARIETTA GA	bligations of. Section 607.0505, Fid agreed and the Happenable (NO AND DIRECTIORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change Change Change	Addition Addition Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TITLE PD BOYD, CINDY S. TREET ADDRESS ORLANDO FL 32835 TITLE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS 18223 RIVER OAKS CITY-ST-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS JUPITER FL TITLE V NAME GOSSAGE, EARL 2710 BROWNRIDGE CT MARIETTA GA	bligations of. Section 607.0505, Fid agreed and the Happenable (NO AND DIRECTIORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 STREET 5.4 STREET 5.5 NAME 5.3 STREET 5.5 STREET 5.5 STREET 5.5 STREET 5.5 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change Change Change	Addition Addition Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS 111.E PD BOYD, CINDY S. 51REET ADDRESS ORLANDO FL 32835 111.LE D RAME BOYD, BRUCE R. 51REET ADDRESS ORLANDO FL 32835 111.LE D STREET ADDRESS ORLANDO FL 32835 111.LE D STREET ADDRESS ORLANDO FL 32835 111.LE D CST 111.LE DCST 111.LE NAME GOSSAGE, EARL 2710 BROWNRIDGE CT MARIETTA GA	bligations of. Section 607.0505, Fid agreed and the Happenable (NO AND DIRECTIORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change Change Change	Addition Addition Addition Addition
office or registered agent or both, in the St agent 1 am familiar with and accept the of SIGNATURE 12. OFFICERS TITLE PD BOYD, CINDY S. STREET ADDRESS ORLANDO FL 32835 TITLE D NAME BOYD, BRUCE R. STREET ADDRESS ORLANDO FL 32835 TITLE D D STREET ADDRESS ORLANDO FL 32835 TITLE D D STREET ADDRESS ORLANDO FL 32835 TITLE D D STREET ADDRESS ORLANDO FL 32835 CITY-S1-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS ORLANDO SARA L. STREET ADDRESS ORLANDO SARA L. STREET ADDRESS ORLANDO SARA L. TITLE V NAME GOSSAGE, EARL 2710 BROWNRIDGE CT MARIETTA GA TITLE NAME STREET ADDRESS CITY-S1-ZIP MARIETTA GA TITLE NAME STREET ADDRESS CITY-S1-ZIP	bligations of. Section 607.0505, Fid agreed and this transposable (NO AND DIRECTIORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change Change Change	Addition Addition Addition Addition
office or registered agent or both, in the St agent it am familiar with and accept the of SIGNATURE 12. OFFICERS TITLE PD MAME BOYD, CINDY S. TREET ADDRESS ORLANDO FL 32835 TITLE D NAME BOYD, BRUCE R. STREET ADDRESS 18223 RIVER OAKS CITY ST-ZIP JUPITER FL TITLE DCST NAME BOYD, SARA L. STREET ADDRESS 18223 RIVER OAKS CITY ST-ZIP JUPITER FL TITLE V NAME GOSSAGE, EARL STREET ADDRESS 1710 BROWNRIDGE CT MARIETTA GA TITLE NAME GOSSAGE, CARL STREET ADDRESS CITY ST-ZIP MARIETTA GA	bligations of. Section 607.0505, Fid agreed and this transposable (NO AND DIRECTIORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ired when reinsta ADDIT	uting) TIONS/CHANGES TO OFF	DATE FICERS AND	D DIRECTO Change Change Change	Addition Addition Addition Addition

I do necesty certify that the information supplied with his filling 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, if on an attachment with an address.

SIGNATURE

MALE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-14-97

561-743-9131

rie Phone #