

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S12602 (6)
 1. Corporation Name
PRECISION CONTRACTING SERVICES, INC.



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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1990

4. FEI Number
59-3057681 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BOYD, CINDY
311 W. INDIANTOWN RD.
SUITE #7
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, CINDY S.	1.2 NAME
STREET ADDRESS	7335 TALLOWTREE LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, BRUCE R.	2.2 NAME
STREET ADDRESS	18223 RIVER OAKS	2.3 STREET ADDRESS
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP
TITLE	DCST <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, SARA L.	3.2 NAME
STREET ADDRESS	18223 RIVER OAKS	3.3 STREET ADDRESS
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSAGE, EARL	4.2 NAME
STREET ADDRESS	2710 BROWNRIDGE CT	4.3 STREET ADDRESS
CITY-ST-ZIP	MARIETTA GA	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: *Sara L. Boyd* **1-7-98** **361-743-9737**

CR2E034 (10/97)