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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S99642

(8)

DOCUMENT # S99

1. Corporation Name

PRECISION HOLDINGS, INC.

THEOR	ior fioediras, iro.								
Principal Place of Business Mailing Address						-		ille dinini	TION DEDER AND
% W. ANDREW KRUSEN. JR. 2909 BAY TO BAY BLVD., SUITE 600 TAMPA FL 33629		% W. ANDREW KRUSEN. JR. 2909 BAY TO BAY BLVD SUITE 600 TAMPA FL 33629							
IMMINIE W	, , , , , , , , , , , , , , , , , , ,	()				3. Date Incorporated or Qualified 12/11/1991	3a. Date o 04/3	25/199	. 1
2. Principa! Place	ce of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-3096593			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired			Additional Required
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip 24	Country 25	Zip	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Currer					10. Name and Address of New R	egistered Ag	jent	
	J			81	Name				
	, W. ANDREW, JR.			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)		
2909 BAY Suite 60	y to bay blvd. 10			83					
TAMPA F				84	City		FL	85 Zip	p Code
or registers	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	da. Such change was authonzeg	the abo	ove-na corpo	nmed corpora ration's board	ation submits this statement for the pui d of directors. I hereby accept the app	rpose of chan- ointment as re	ging its r agistered	egistered office lagent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	Land title if applicable. (NOTE	Registered	I Agent	signature required	when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLF	D	☐ DELETE	LETE 1 1 TIT					Change	☐ Addition
NAME	KRUSEN, W. ANDREW, JR.		1.2 N	AME					
STREET ADDRESS	2909 BAY TO BAY BLVD		1.3 S	TREET A	ODRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY		- ZIP				
TOLE	VP	☐ DELETE	2 1 T	ITLE				Change	Addition
NAME	LEWIS, DAVID		2.2 N	AME					
STREET ADDRESS	3800 N.W. 2ND AVE.	•		2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 0	ITY-ST	- 2 IP				
TITLE	ST	☐ DELETE	3. 1 TITLE					Chan-je	☐ Addition
NAME	SAUER, JOEP P.		3.2 N	IAME					,
STREET ADDRESS	1300 MAIN ST #1840		3.3. 5	STREET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77002		3.4 0	ITY-ST	- ZIP				
TITLE		☐ DELETE	4.11	TITLE				Chan je	☐ Addition
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY -		- ZIP				
THILE		☐ DELETE	5 1	TITLE				} Change	☐ Addition
NAME			, 52 h	IAME					
STREET ADDRESS			535	STREET	ADDRESS				
CITY-SI-ZIP			5.4 (CITY-SI	- ZIP				
TITLE		☐ DELETE	6. 1 TITLE] Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY-ST-ZIP			6.4 (CITY-S'	r-71P				
5111 ST 111	J					les the essention stated in Costion 110	DOZIONA Flor	ida Ctati	doe I further

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)(k), 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

8/3-837-3009

CR2E034 (12/95)