

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V22468 (5)
1. Corporation Name
PRECISION ELECTRIC OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
4273 ARNOLD AVE.
NAPLES FL 33942

Mailing Address
4273 ARNOLD AVE.
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3773 Domestic Ave		26 SAME		03/16/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 SAME		59-3112111	
City & State		City & State		5. Certificate of Status Desired	
23 Naples, FL		28 SAME		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 34104		29 SAM		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible	
25 COLLIER		30 SAM		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VAN DUYN, CHERYL 238 SUGAR PINE LANE NAPLES FL 33963		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 1430 Jewel Box Ave	
		84 City	
		Naples	
		FL	
		85 Zip Code	
		34109	

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	VPT	1.1 TITLE	P
NAME	VAN DUYN, WILLIAM	1.2 NAME	WILLIAM VAN DUYN
STREET ADDRESS	4273 ARNOLD AVE.	1.3 STREET ADDRESS	3773 DOMESTIC AVE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL. 34104
TITLE	P	2.1 TITLE	VP
NAME	VAN DUYN, CHERYL	2.2 NAME	CHERYL VAN DUYN
STREET ADDRESS	4273 ARNOLD AVE.	2.3 STREET ADDRESS	3773 DOMESTIC AVE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL. 34104
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____ 0-27-98 84-21-7777

CR2E034 (10/97)