

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33285 (8)

1. Corporation Name
PRECISION TANK TESTERS, INC.



Principal Place of Business 5690 HIGHWAY 43 NORTHPORT AL 35476	Mailing Address 5690 HIGHWAY 43 NORTHPORT AL 35476-8246
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/21/1991	3a. Date of Last Report 05/01/1996
4. FLI Number 63-0741377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURNS, BILLY
1313 NORTH 65TH AVE.
LOT N
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name **Ralph Rivers**

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

83

84 City **Ft. Walton Beach, FL** 85 Zip Code **32548**

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 Ralph G. Rivers **April 24, 1997**

Signature of current registered agent and title if applicable (NONE - Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P MCINTYRE, JIMMIE LEE
STREET ADDRESS	10485 LOGANWOOD DRIVE
CITY-ST-ZIP	NORTHPORT AL 35476
TITLE	<input type="checkbox"/> DELETE
NAME	S MCINTYRE, JACQUELYN
STREET ADDRESS	10485 LOGANWOOD DRIVE
CITY-ST-ZIP	NORTHPORT AL 35476
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1B NAME	
1B STREET ADDRESS	
1B CITY-ST-ZIP	
2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2B NAME	
2B STREET ADDRESS	
2B CITY-ST-ZIP	
3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3B NAME	
3B STREET ADDRESS	
3B CITY-ST-ZIP	
4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4B NAME	
4B STREET ADDRESS	
4B CITY-ST-ZIP	
5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5B NAME	
5B STREET ADDRESS	
5B CITY-ST-ZIP	
6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6B NAME	
6B STREET ADDRESS	
6B CITY-ST-ZIP	

14. I do 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: Jimmie Lee McIntyre Jimmie Lee McIntyre 05/06/97 (205)333-1955

CFR2E034 (9/96)