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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations

ANNUAL REPORT 1995

DOCUMENT # 635618 (2)

1. Corporation Name
TOUCHTON'S AIR BRAKE COMPANY, INC.

Principal Place of Business	Mailing Address
435 CASSAT AVE. JACKSONVILLE FL 32205	435 CASSAT AVE. JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1979
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32254 / Country 25	Zip 29: 32254 / Country 30

4. FEI Number: 59-1981786 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOUCHTON, FRANK A 1865 WELLS RD APT 189 ORANGE PARK FL 32073	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☒ Change ☐ Addition
NAME	TOUCHTON, WILLIAM E.	1.2 NAME	
STREET ADDRESS	8048 GORDEAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	32221
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition
NAME	TOUCHTON, HELEN D.	2.2 NAME	
STREET ADDRESS	8048 GORDEAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	32221
TITLE	PD	3.1 TITLE	☐ Change ☒ Addition
NAME	TOUCHTON, FRANK A.	3.2 NAME	
STREET ADDRESS	1865 WELLS RD, APT 189	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	32073
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	MILFORD, LAWRENCE B.	4.2 NAME	
STREET ADDRESS	7754 ANDES DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	32244
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Helen D. Touchton 4/7/95 904 389-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Helen D. Touchton

CR2E710 CP