

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51450** (2)
1. Corporation Name
LIFE SOURCE ENGINEERING, INC.

Principal Place of Business: **12723 82ND TERRACE NORTH SEMINOLE FL 34646**
Mailing Address: **12723 82ND TERRACE NORTH SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/10/1991** 3a. Date of Last Report: **03/17/1994**
4. FEI Number: **59-3066113** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26** **P.O. Box 3153**
State, Apt. #, etc.: State, Apt. #, etc.:
City & State: **23** City & State: **27** **Seminole, FL**
Zip: Country: Zip: **29** **34645-0153** Country: **30** **USA**

9. Name and Address of Current Registered Agent
**ROWE, JAMES C
100 2ND AVENUE SOUTH
CITY CENTER - 400N
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
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 _____ (Print or type or print name of registered agent and the business) (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PRIOLA, VINCENT
STREET ADDRESS	19606 LAKEFOREST DR.
CITY, ST, ZIP	SUN CITY AZ 85373
TITLE	V
NAME	BAGGERLY, DIANE M
STREET ADDRESS	12723 82ND TERR N
CITY, ST, ZIP	SEMINOLE FL 34646
TITLE	S
NAME	PRIOLA, JOSEPHINE
STREET ADDRESS	19606 LAKEFOREST DR.
CITY, ST, ZIP	SUN CITY AZ 85373
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Preston S. Baggerly
3. STREET ADDRESS	12723 82nd Terrace N.
4. CITY, ST, ZIP	Seminole, FL 34646
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent C. Priola
2.3 STREET ADDRESS	19606 Lakeforest Drive
2.4 CITY, ST, ZIP	Sun City, AZ 85373
3.1 TITLE	Treas/Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Diane M. Baggerly
3.3 STREET ADDRESS	12723 82nd Terrace N.
3.4 CITY, ST, ZIP	Seminole, FL 34646
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Preston S. Baggerly* **2 Feb 95 813-393-5886**
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER ON FILE WITH: **Preston S. Baggerly, President**