

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000069957

**Entity Name:** INDUSTRIAL EQUIPMENT SERVICE & REPAIR, INC.

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC6605527258**

**Current Principal Place of Business:**

5105 BUFFALO AVE  
STE 2A  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

5105 BUFFALO AVE  
STE 2A  
JACKSONVILLE, FL 32208 US

**FEI Number: 20-4908778**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAMRICK, MORGAN  
5105 BUFFALO AVE  
STE 2A  
JACKSONVILLE, FL 32206 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name HAMRICK, MORGAN  
Address 5105 BUFFALO AVE  
STE 2A  
City-State-Zip: JACKSONVILLE FL 32206

Title DVPS  
Name KINSER, EDWARD  
Address 5105 BUFFALO AVE  
STE 2A  
City-State-Zip: JACKSONVILLE FL 32206

Title T  
Name KINSER, EDWARD  
Address 5105 BUFFALO AVE  
STE 2A  
City-State-Zip: JACKSONVILLE FL 32206

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MORGAN HAMRICK**

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date