

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 294152 (4)  
1. Corporation Name  
EQUIPMENT FABRICATORS, INC.

Principal Place of Business Mailing Address  
640 S. INDUSTRY RD. 640 S. INDUSTRY RD.  
COCOA FL 32926 COCOA FL 32926

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 655 Sidco Road 26 655 Sidco Road  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Cocoa FL 28 Cocoa FL  
Zip Country Zip Country  
24 32926 25 USA 29 32926 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/21/1965 01/25/1994  
4. FEI Number Applied For  
59-1097016 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
JENNEY, ALFRED P  
3404 N. INDIAN RIVER DR.  
COCOA FL 32926

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME JENNEY, ALFRED P  
STREET ADDRESS 3404 N. INDIAN RIVER DR  
CITY - ST - ZIP COCOA FL  
TITLE DST  
NAME JENNEY, CAROL J  
STREET ADDRESS 3404 N. INDIAN RIVER DR.  
CITY - ST - ZIP COCOA FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: ALFRED P. Jenney 4/13/95 (407) 632-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #