

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PH 4:07

DOCUMENT # **343402** (4)
1. Corporation Name
ECONOMY SCALE COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 5908 PROVIDENCE ROAD RIVERVIEW FL 33569 US		Mailing Address P.O. BOX 1327 RIVERVIEW FL 33569-1327 US		3. Date Incorporated or Qualified 03/21/1969	3a. Date of Last Report 04/20/1994
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-1226746	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAURICE, JOHN J 5908 PROVIDENCE RD RIVERVIEW, F. FL 33569				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME JOHN J. MAURICE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5908 PROVIDENCE RD	CITY-ST-ZIP RIVERVIEW, FL 00000 33569	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE V	NAME WILLIAM SALAY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5940 FROND WAY	CITY-ST-ZIP APOLLO BEACH FL 33572	2.2 NAME Betty J. Maurice	
		2.3 STREET ADDRESS 5908 Providence Rd	
		2.4 CITY-ST-ZIP Riverview FL 33569	
TITLE ST	NAME AMITA M. SALAY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5940 FROND WAY	CITY-ST-ZIP APOLLO BEACH 00000 FL 33572	3.2 NAME Betty J Maurice	
		3.3 STREET ADDRESS 5908 Providence Rd	
		3.4 CITY-ST-ZIP Riverview, FL 33569	
TITLE D	NAME BETTER J. MAURICE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5908 PROVIDENCE RD	CITY-ST-ZIP RIVERVIEW, FL 00000 33569	4.2 NAME John J. Maurice Jr	
		4.3 STREET ADDRESS 5908 Providence Rd	
		4.4 CITY-ST-ZIP Riverview, FL 33569	
TITLE D	NAME TIMOTHY J. ALLIGOOD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5219 RAISTON RD.	CITY-ST-ZIP LAKELAND FL 33811	5.2 NAME Ronnie S Padgett, 2nd	
		5.3 STREET ADDRESS 9426 Walter st	
		5.4 CITY-ST-ZIP JACKSONVILLE, FL 32220	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME Sharon m. SHARA	
		6.3 STREET ADDRESS 308 COUGAR RD	
		6.4 CITY-ST-ZIP JACKSONVILLE FL 32220	

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 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: John J. Maurice **John J. MAURICE** 4/10/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President
 813-689-5603
 0441000 FP