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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:33

DOCUMENT # **343525** **(2)**

1. Corporation Name
INDUSTRIAL SYSTEMATICS CORPORATION

Principal Place of Business	Mailing Address
4075 N HIGHWAY 19A MOUNT DORA FL 32757	4075 N HIGHWAY 19A MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1969
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-1236395 ☐ 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

REED,FRANCIS S
4075 N HWY 19A
MOUNT DORA FL 32757

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 _____ 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	CD	11 TITLE	V PRES	☐ Change ☒ Addition
NAME	REED, FRANCIS S	12 NAME	DAVID A. SHEAR	
STREET ADDRESS	4075 N HWY 19A	13 STREET ADDRESS	4075 N HWY 19A	
CITY-ST-ZIP	MT DORA FL	14 CITY-ST-ZIP	MT DORA FL	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	REED, ALLAN	22 NAME		
STREET ADDRESS	4075 N HWY 19A	23 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	CAGLE, SHIRLEY A.	32 NAME		
STREET ADDRESS	4075 N HWY. 4075 19A	33 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	BRETT, WILLIAM P.	42 NAME		
STREET ADDRESS	4075 N HWY 19A	43 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	44 CITY-ST-ZIP		
TITLE	VPD	51 TITLE		☐ Change ☐ Addition
NAME	MURRAY, J.CLARK	52 NAME		
STREET ADDRESS	4075 N HWY 19A	53 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	54 CITY-ST-ZIP		
TITLE	VPD	61 TITLE		☐ Change ☐ Addition
NAME	FUNDERBURK, RONALD E.	62 NAME		
STREET ADDRESS	4075 N HWY 19A	63 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	64 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)(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: William P. Brett Secretary WILLIAM P. BRETT 4/10/95 357 5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043061 CP