

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 01 1997 8:00am
Secretary of State

DOCUMENT # **343525** (2)

1. Corporation Name:
INDUSTRIAL SYSTEMATICS CORPORATION

Principal Place of Business

**4075 N HIGHWAY 19A
MOUNT DORA FL 32757**

Mailing Address

**4075 N HIGHWAY 19A
MOUNT DORA FL 32757-2005**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1969	3a. Date of Last Report 02/27/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1236395	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, FRANCIS S	1.2 NAME	SHEAR, DAVID A.
STREET ADDRESS	4075 N HWY 19A	1.3 STREET ADDRESS	4075 N HWY 19A
CITY - ST - ZIP	MT DORA FL	1.4 CITY - ST - ZIP	MT DORA FL 32757
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ALLAN	2.2 NAME	
STREET ADDRESS	4075 N HWY 19A	2.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIPPLER, CJ	3.2 NAME	
STREET ADDRESS	4075 N HWY 19A	3.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, WILLIAM P.	4.2 NAME	
STREET ADDRESS	4075 N HWY 19A	4.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	4.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, J. CLARK	5.2 NAME	
STREET ADDRESS	4075 N HWY 19A	5.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	5.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNDERBURK, RONALD E.	6.2 NAME	
STREET ADDRESS	4075 N HWY 19A	6.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Francis S. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/97
Date

(352) 357-5100
Daytime Phone #

CR2E034 (9/96)