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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **533548** (4)
1. Corporation Name
INDUSTRIAL MATERIALS CORPORATION

Principal Place of Business Mailing Address
BOX-8897- JACKSONVILLE FL 32239 BOX-8897- JACKSONVILLE FL 32239

**20 Cordova St
St Augustine FL 32084**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/11/1977** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-1741915** 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

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

9. Name and Address of Current Registered Agent
**TOOL, H. RAYMOND
1301-1ST ST S #308
JACKSONVILLE BEACH FL 32260**
**20 Cordova St
St Augustine
FL 32084**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
20 Cordova St
83
84 City **St Augustine** FL 85 Zip Code **32084**

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 *H. Raymond Tool* DATE **Jan 16 1995**
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PDS **TOOL, H. RAYMOND** **20 Cordova St**
BOX 8897- St Augustine
JACKSONVILLE BCH FL FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP
VTD **TOOL, SANDRA C**
BOX-8897- JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **20 Cordova St**
1.4 CITY - ST - ZIP **St Augustine FL 32084**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **20 Cordova St**
2.4 CITY - ST - ZIP **St Augustine FL 32084**
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

I hereby certify and do not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this annual report is true and accurate and that my signature shall have the same legal effect as if made under seal. I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is not included in the list of officers and directors.

904
Jan 16, 1995 **8250073**
Date System Printed #