

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 660484

(7)

1. Corporation Name

INTERLINE VAULTS, INC.



Principal Place of Business

805 BARREL AVE.
P.O. BOX 3302
FORT PIERCE FL 34902

Mailing Address

805 BARREL AVE.
P.O. BOX 3302
FORT PIERCE FL 34902

3. Date Incorporated or Qualified
03/25/1980

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1996000

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

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

10. Name and Address of New Registered Agent

SKIDMORE, DOUGLAS
3603 RIVER BIRCH DR
FORT PIERCE FL 32981

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 607.1503, 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 of person holding office prior to registration (if any)

Signature of Registered Agent (signature required when registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE
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6. TITLE
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6. TITLE
NAME
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CITY-STATE-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 omitted, or on the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)