

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1986.
AMOUNT DUE ON OR BEFORE 8/6/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REBATE: \$375)**

PROFIT 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 JUN 21 11:10:30

DOCUMENT # 842720 (5)

1. Corporation Name
INDUSTRIAL UNDERWRITERS, INC.

Principal Place of Business Mailing Address
4024 OLEANDER DR SUITE 3 WILMINGTON NC 28406 **4024 OLEANDER DR SUITE 3 PO BOX 3665 WILMINGTON NC 28406**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/02/1979** 3a. Date of Last Report **03/30/1994**
4. FEI Number **56-1081404** 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 **4024 Oleander Drive** 26 **PO Box 3665**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suites 3 & 4** 27
City & State City & State
23 **Wilmington NC** 28 **Wilmington NC**
Zip Country Zip Country
24 **28403** 25 **New Hanover** 29 **28406** 30 **New Hanover**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAY, RONALD	12 NAME	
STREET ADDRESS	RAILROAD EXTENSION	13 STREET ADDRESS	
CITY - ST - ZIP	WELDON NC	14 CITY - ST - ZIP	27890
TITLE	C	21 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBRETT, ALBERT	22 NAME	
STREET ADDRESS	DRAWER 210, NA	23 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON NC	24 CITY - ST - ZIP	28402
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, D. SCOTT	32 NAME	
STREET ADDRESS	DRAWER 210, NA	33 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON NC	34 CITY - ST - ZIP	28402
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. J. BRYAN	42 NAME	
STREET ADDRESS	RAILROAD EXTENSION	43 STREET ADDRESS	
CITY - ST - ZIP	WELDON NC	44 CITY - ST - ZIP	27890
TITLE	PD	51 TITLE	Executive V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, MARK R.	52 NAME	Derris R. Bradshaw
STREET ADDRESS	5705 OAK BLUFF LANE	53 STREET ADDRESS	3916 Halifax Road
CITY - ST - ZIP	WILMINGTON NC	54 CITY - ST - ZIP	Wilmington, NC 28403
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Barringer, Paul III
STREET ADDRESS		63 STREET ADDRESS	Country Club Road
CITY - ST - ZIP		64 CITY - ST - ZIP	Weldon, NC 27890

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)(4), 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. (910)799-7999

SIGNATURE: *Derris R. Bradshaw* **Derris R. Bradshaw** 6/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)

CR2E034 (3/95)