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

APPROVED AND FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853092** **(5)**

1. Corporation Name
C. H. HEIST CORP.

Principal Place of Business	Mailing Address
45 ANDERSON ROAD CHEEKTOWAGA NY 14225 US	45 ANDERSON ROAD CHEEKTOWAGA NY 14225 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1982	3a. Date of Last Report: 06/15/1994
4. FEI Number: 16-0803301	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 the date as to each. NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S/D	☐ Change ☒ Addition
NAME	SNITZER, ISADORE	12 NAME		
STREET ADDRESS	163 PURITAN ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	TONAWANDA NY	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V/D	☐ Change ☒ Addition
NAME	ROWLEY, JOHN L	22 NAME		
STREET ADDRESS	478 OLD OAK CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	HEIST, C H III	32 NAME		
STREET ADDRESS	2241 ALLIGATOR CREEK	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	SEYLER, ROBERT	42 NAME	Delete - NO LONGER	
STREET ADDRESS	3890 DICKERSONVILLE	43 STREET ADDRESS	AN OFFICER	
CITY-ST-ZIP	RANSOMVILLE NY	44 CITY-ST-ZIP		
TITLE		51 TITLE	Chief Accounting officer	☐ Change ☒ Addition
NAME		52 NAME	MARK R Pfeil	
STREET ADDRESS		53 STREET ADDRESS	163 Croydon Drive	
CITY-ST-ZIP		54 CITY-ST-ZIP	Cheektowaga NY 14043	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	* See Additional Sheet *	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: MRPfeil Mark R. Pfeil 4/28/95 (716) 894-3035
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478800 FP