

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

**CORPORATION ANNUAL REPORT 1995**

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



**APPROVED AND FILED**

95 MAY - 1 AM 10: 17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F94000005691 (0)**

1: Corporation Name

**INSTRUMENT, ELECTRICAL & MECHANICAL CORPORATION**

Principal Place of Business

Mailing Address

P.O. BOX 39  
 CLUTE TX 77531

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 CLUTE TX 77531

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/02/1994**      3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

**76-0371201**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State

City & State

23

28

8. This corporation has liability for intangible tax under § 199.022, Florida Statutes  Yes  No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION INC**  
**417 E. VIRGINIA STREET, STE 1**  
**TALLAHASSEE FL 32301**

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 607.0602 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PCD</b>
NAME	<b>BARNETT, REX M</b>
STREET ADDRESS	<b>431 COMMERCE</b>
CITY - ST - ZIP	<b>CLUTE TX</b>
TITLE	<b>VD</b>
NAME	<b>LOWERY, DAVID</b>
STREET ADDRESS	<b>431 COMMERCE</b>
CITY - ST - ZIP	<b>CLUTE TX</b>
TITLE	<b>D</b>
NAME	<b>EDWARDS, CURTIS</b>
STREET ADDRESS	<b>431 COMMERCE</b>
CITY - ST - ZIP	<b>CLUTE TX</b>
TITLE	<b>STD</b>
NAME	<b>WEATHERLY, B F</b>
STREET ADDRESS	<b>431 COMMERCE</b>
CITY - ST - ZIP	<b>CLUTE TX</b>
TITLE	<b>V</b>
NAME	<b>GILLISPIE, EDWARD D</b>
STREET ADDRESS	<b>431 COMMERCE</b>
CITY - ST - ZIP	<b>CLUTE TX</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rex M. Barnett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

409/265-9400

Date

Telephone #