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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9500004005

1. Corporation Name

INDUSTI	RIAL VIBRATION CONSULT	TANTS, INC.							
Principal Place	e of Business	Mailing Address					ii Ahiit Baii		I MBFB? BFIT JABI
210 S WEST ST 210 S WEST ST LEBANON OH 45036 LEBANON OH 45036 US US						DO NOT WRITE IN	I THIS SI	PACE	
						3. Date Incorporated or Qualifed 08/18/1995			
Principal Place of Business Za. Mailing Address						4. FEI Number			pplied For
21 26						31-1183428			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional (
22 27 City & State City & State						5			
`	e	28	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zip	Zip	Country			This corporation owes the current y	ear Intan			
Zip Country Zip 24 25 29 30			_	-,		Personal Property Tax.		Yes	□No
2-7	9. Name and Address of Curre		 -			10. Name and Address of New Regis	tered Ag	ent	
			1	31 N	ame				
SMITH, JAMES G			<u> </u>	32 S	troet Addre	ss (P.O. Box Number is Not Acceptable)			
20 SAN CARLO AVE				2	lieet Addie	35 (1.0. Box Humbon 15 Not Acceptable)			
GUL	F BREEZE FL 32561		[8	33					
			1	84 C	ity		FL	85 Zip	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized t da Statut	by the es.	corporation	ration submits this statement for the purp i's board of directors. I hereby accept the	ose of ch appointr	anging if	s registered egistered
12.	Signature, typed or printed name of registered as	ND DIRECTORS	13.	gent sigi	nature required	ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12
TITLE	DCP	☐ DELETE	1.1 TITU	E				Change	
NAME	EPPERSON, JEFFREY J		1.2 NAME						ļ
STREET ADDRESS	210 S WEST ST.		1.3 STREET ADORE		RESS				
CITY-ST-ZIP	LEBANON OH 45036		1.4 CITY-ST-ZIP		,				
TITLE	DCVS	☐ DELETE	_	2.1 TITLE			[Change	☐ Addition
NAME	EPPERSON, DEBBY		2.2 NAME		Ì				
STREET ADDRESS	210 S. WEST ST.		2.3 STR	EET ADD	RESS	ر. د. د. الله الله الله الله الله الله الله الل			_
CITY-ST-ZIP	LEBÁNON OH 45036		2. 4 CIT	Y-ST-ZI	P				
TITLE		☐ DELETE	3.1 TITLE				[Change	Addition
NAME			3.2 NAME		-				
STREET ADDRESS		3.3		EET ADD	RESS				
C/TY-ST-Z/P			3.4. CITY-S					7.01	- Addition
TITLE		☐ DELETE	4.1 TITLE		Ì		,	Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS				EET ADD	- 1				
CITY-ST-ZIP		□ pri ctr	4.4 CITY-ST		<u>`</u>			Change	☐ Addition
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NAME			5.3 STR		nRESS				;
STREET ADORESS					- 1				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST 6.1 TITLE		_+_			Change	Addition
TITLE		בן טבנבוב	6.2 NAM				,		_
NAME (6.3 STR		ORESS				j
STREET ADDRESS	[1:1 32 9 AC			-ST-ZIF	- 1				
CITY-ST-ZIP	**		0.4 CH 1	-31-71L					,

CITY-ST-ZIP. 14. I hereby certify that the information supplied with this filing 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 or an attachment with an address, with all other like empowered.

SIGNATURE: