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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 2:44

DOCUMENT # **G09317** **(0)**

1. Corporation Name
ORLANDO INDUSTRIAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
215 W TAFT-VINELAND RD ORLANDO FL 32824 US	215 W TAFT-VINELAND RD ORLANDO FL 32824 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1982**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business
21 **1332 W. Landstreet Rd.**
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 **P.O. Box 590728**
Suite, Apt. #, etc. 27
City & State 28 **Orlando FL**
Zip 29 **32859-0728** Country 30 **US**

4. FEI Number: **59-2232423** ☐ 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

9. Name and Address of Current Registered Agent

TALBERT, MARTIN
706 29TH ST.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (New Registered Agent signature required only if changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DVP**	11 TITLE	☐ Change ☐ Addition
NAME	**TALBERT, BETTY M**	12 NAME	
STREET ADDRESS	**706 29TH ST**	13 STREET ADDRESS	
CITY ST ZIP	**ORLANDO, FL 00000**	14 CITY ST ZIP	
TITLE	**DP**	21 TITLE	☐ Change ☐ Addition
NAME	**TALBERT, MARTIN**	22 NAME	
STREET ADDRESS	**706 29TH ST**	23 STREET ADDRESS	
CITY ST ZIP	**ORLANDO, FL 00000**	24 CITY ST ZIP	
TITLE	**DTS**	31 TITLE	☐ Change ☐ Addition
NAME	**MURPHY, GERALDINE**	32 NAME	
STREET ADDRESS	**1700 EASTERN AVENUE**	33 STREET ADDRESS	
CITY ST ZIP	**ST. CLOUD, FL 34769**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I 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: Martin Talbert Martin Talbert, Pres. 1/13/95 (407) 843-0133
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004510 CP