FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # H27403

(5)

CONVEYOR SYSTEMS, INC.

Principal Place of Business

Mailing Address

SOME MARCH AIDEONNE RIVIN

2001 WEST AIRPORT BLVD

FILED Apr 24 1997 8:00am Secretary of State



SANFORD FL 3		SANFORD FL 32771-1637						
				3. Date Incorporated or Qualified 10/26/1984	3a. Date of Łast Report 02/05/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-2460213	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip ≱4	Country 25	Z(r)	Count 30	У	8. This corporation has liability for i		tax under s	199.032,
	9. Name and Address of Curren	and the state of t	_127		10. Name and Address of New Re			
HAR	RINGTON, LEE D.	<u></u>	8	Namo				
	ANFORD AVENUE		8	Street Add	dress (P.O. Box Number is Not Acceptab			
	ARY FL 32713		ľ	SHEEL MOO	press (F.C. Box Normber is Nor Acceptab	107		
7-10			8	3				
			8	4 City			85 Zip	Code
			"	City		FL	51 Cib	Cone
SIGNATURE	Signature, typed or pointed name of registered age	ent and to eit applicable (NC	Tr. Hogistered A	gent eignaturc requ	urod when reinstaling)	DAIL		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	VP\$	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME .	HARRINGTON, LEE D.		1,2 NAM					
STREET ADDRESS	41 SANFORD AVE			T ADDRESS				
CMY-ST-ZIP	DEBARY FL	Decree	1.4 CITY	-\$1-7(P			1 60	Addition
TITLE	PT NEWTON, STANLEY L.	☐ DELFTE	2.1 Till E				Change	L AUGINOR
NAME STREET ADDRESS	1100 CORNELL DR.		2.2 NAM	LT ADDRESS				
CITY-ST-ZIP	SANFORD FL		2.5 SINC 2 4 CITY					
TATLE	0/41/ 0/10/10	DELETE	3.1 TITLE	-31-711			Change	Addition
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	F1 ADDRESS				
CITY-ST-ZIP			3.4. C(TY	- S1 - ZIP				
TITLE		DELETE	4 1 1171.				Change	Addition
NAME			4 2 NAM					
STREET ADDRESS			. I	ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CHY				Change	Addition
NAME		L.J PELLIC	5.1 TH LE 5.2 NAM				[_] Onlings	[_] Addition
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DITEIE	6.1 7(7LE	. 21,50.			Change	Addition
NAME		1	6.2 NAM					
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
	ov cortify that the information supplie	d with this filing does not oua			ed in Section 119.07(3)(i), Florida Statutes	s. 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 13 if changed, or on an argicular with an address

4/16/02