

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90201 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H27403

1. Corporation Name
CONVEYOR SYSTEMS, INC.



Principal Place of Business 2801 WEST AIRPORT BLVD. SANFORD FL 32771	Mailing Address 2801 WEST AIRPORT BLVD. SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/26/1984		4. FEI Number 59-2460213		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRINGTON, LEE D.
249 BUENA VISTA STREET
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name	Bartell, Thomas J.		
82 Street Address (P.O. Box Number is Not Acceptable)	675 Pasatiempo Point - 111		
83			
84 City	Lake Mary	FL	85 Zip Code 32746

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  Thomas Bartell 4-30-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	P
NAME	HARRINGTON, LEE D.	1.2 NAME	Bartell, Thomas J.
STREET ADDRESS	41 SANFORD AVE	1.3 STREET ADDRESS	675 Pasatiempo Point - 111
CITY-ST-ZIP	DEBARY FL	1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	PT	2.1 TITLE	VP.
NAME	NEWTON, STANLEY L.	2.2 NAME	Hickman, Charles D.
STREET ADDRESS	1100 CORNELL DR.	2.3 STREET ADDRESS	555 Lear Street
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Orlando, FL 32809
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Charles D. Hickman 4-30-99 (407) 328-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)