

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:49

DOCUMENT # **H33006** (8)

1. Corporation Name
INDUSTRIAL EQUIPMENT AND ENGINEERING COMPANY, IN C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2045 SPRINT BLVD. APOPKA FL 32703 US **P.O. BOX 547796 ORLANDO FL 32854-7796 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/30/1984** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2473398** 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

10. Name and Address of New Registered Agent

**RAHILL, PAUL
2045 SPRINT BLVD.
APOPKA FL 32703**

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 (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD**
NAME **RAHILL, PAUL**
STREET ADDRESS **613 SABAL LAKE DR.**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **PTD**
NAME **ROBINSON, KEN**
STREET ADDRESS **3891 GLOUCESTER, WAY**
CITY - ST - ZIP **ORLANDO FL**

TITLE **D**
NAME **SEGREST, WILLIAM**
STREET ADDRESS **228 WOOD LAKE DRIVE**
CITY - ST - ZIP **MAITLAND FL**

TITLE **D**
NAME **MALONE, CLEON L.**
STREET ADDRESS **206 SWEETWATER BLVD. S.**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **D**
NAME **KROBOTH, ALAN**
STREET ADDRESS **148 W. 5TH AVENUE**
CITY - ST - ZIP **ROSELLE NJ**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1468 Williams Drive**
1.4 CITY - ST - ZIP **Winter Park, FL 32789**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **2021 Sawgrass Drive**
2.4 CITY - ST - ZIP **Apopka, FL 32712**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: **Paul F. Rahill** 4/25/95 407-886-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #