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DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K80842 (3)

1. Corporation Name
PIRANHA SCREENS, INCORPORATED

Principal Place of Business: **10815 FAIRFIELD VILLAGE DR TAMPA FL 33624**
 Mailing Address: **10815 FAIRFIELD VILLAGE DR TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/17/1989** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-3000969** 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

POULTON, JAMES R.
10815 FAIRFIELD VILLAGE DR.
STE 1
TAMPA FL 33624

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
 NAME: **POULTON, JAMES R.**
 STREET ADDRESS: **10815 FAIRFIELD VILLAGE**
 CITY-ST-ZIP: **TAMPA FL**

1.1 TITLE: Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE: **VP**
 NAME: **COYLE, WILLIAM**
 STREET ADDRESS: **3428 STALL ROAD**
 CITY-ST-ZIP: **TAMPA FL**

2.1 TITLE: Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE: **T**
 NAME: **WILMOT, LARRY**
 STREET ADDRESS: **111 ESTATE CIR.**
 CITY-ST-ZIP: **LAND O LAKES FL**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 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 110.07(3)(b), 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 voided) or in an attachment with an address.

SIGNATURE:

JAMES R. POULTON
Signature and typed or printed name of signing officer or director

PRES 15 MARCH 95 813-968-4620
Date (Month Year)