

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JAN 17 PM 1:43

DOCUMENT # **L45212** (2)  
 1. Corporation Name  
**IMMEDIATE WAREHOUSING, INC.**

Principal Place of Business Mailing Address  
**C/O PAUL J. CARR**  
**40 TIMBERLAND CIRCLE NORTH**  
**FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**01/22/1990** **01/25/1994**  
 4. FEI Number Applied For  
**65-0173094** 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  
**CARR, PAUL J.**  
**40 TIMBERLAND CIRCLE NORTH**  
**FORT MYERS FL 33919**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, PAUL J.	1.2 NAME	
STREET ADDRESS	40 TIMBERLAND CIRCLE N.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, PAUL J.	2.2 NAME	
STREET ADDRESS	40 TIMBERLAND CIRCLE N.	2.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(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 resignation shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the member of the corporation authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *Paul J. Carr* 1/10/94 83-275-9009  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR