

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65704 (3)
1. Corporation Name
NATIONAL ELEVATOR SYSTEMS, INC.

Principal Place of Business Mailing Address
**1006 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433** **1006 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/12/1990		08/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3004495		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**FLEMING, DWIGHT R.
RT 6 BOX 298
DEFUNIAK SPRINGS FL 32433**

81 Name **Marvin E. Ewing**
82 Street Address (P.O. Box Number is Not Acceptable)
1006 North 9th Street
83
84 City **DeFuniak Springs, FL** 85 Zip Code **32433**

11. Pursuant to the provisions of Sections 607.0503 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 Sections 607.0503 Florida Statutes.

SIGNATURE **Marvin E. Ewing, President** 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D EWING, MARVIN E 504 DORY AVE FT. WALTON BEACH FL	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	SD FLEMING, DWIGHT RT 6 BOX 298 DEFUNIAK SPRINGS FL	15 TITLE	☒ Change ☐ Addition
NAME		16 NAME	PLEASE DELETE DWIGHT FLEMING COMPLETELY.
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	
TITLE		19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	☐ Change ☐ Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 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)(b), Florida Statutes. I further certify that the information submitted 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. This is 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 no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marvin E. Ewing, President

4/27/95
Date

(904) 892-9229
Telephone Number