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CORPORATION ANNUAL REPORT 1995

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

FILED

DOCUMENT # P07346 (0)

1. Corporation Name

INDUSTRIAL ELECTRONICS AND VALVE REPAIR, INC.

Principal Place of Business	Mailing Address
1231 US 17 S. ~~P.O. BOX 1870~~ YULEE FL 32097~~-870~~ US	~~1231 US 17 S.~~ P.O. BOX 1870 YULEE FL 32097-870 US 32491-1870

Physical Address: Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1231 US Highway 17 South
Suite, Apt. #, etc.
22
City & State
23 Yulee, Florida
Zip 24 32097 Country 25 US

2a. Mailing Address
26 Post Office Box 1870
Suite, Apt. #, etc.
27
City & State
28 Yulee, Florida
Zip 29 32097-1870 Country 30 US

3. Date Incorporated For Qualified: 09/09/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: 63-0890118 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X $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 X No

9. Name and Address of Current Registered Agent

TEAL, BETTY D.
828 BAISDEN RD.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TEAL, BETTY D.	1.2 NAME	
STREET ADDRESS	828 BAISDEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	TEAL, WILLIAM	2.2 NAME	
STREET ADDRESS	828 BAISDEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TEAL, WILLIAM	3.2 NAME	
STREET ADDRESS	828 BAISDEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Sec. 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.

SIGNATURE: Pres. - President Betty D. Teal (904) 225-9529
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0402504 FP