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CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN ... AM 9:45

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 32097-1870
Physical Address:	Mailing Address:
2. Principal Place of Business: 21 1231 US Highway 17 South	2a. Mailing Address: 26 Post Office Box 1870
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Yulee, Florida	City & State 28 Yulee, Florida
Zip 24 32097 Country 25 US	Zip 29 32097-1870 Country 30 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/09/1985	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 ______
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TEAL, BETTY D.
STREET ADDRESS	828 BAISDEN RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VST
NAME	TEAL, WILLIAM
STREET ADDRESS	828 BAISDEN RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	TEAL, WILLIAM
STREET ADDRESS	828 BAISDEN RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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)(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: W.D. Teal - President Betty D. Teal (904) 225-9529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0402664 FP