

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY 23 AM 10:15

REGISTRY OF COMPANIES
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
4050 E. UNIVERSITY
TALLAHASSEE, FLORIDA 32310

DOCUMENT # P93000001308 (4)

FLUID ISOLATION TECHNOLOGY, INC.

1. Principal Place of Business P.O. BOX 5365 LAKELAND FL 33807	2a. Mailing Address P.O. BOX 5365 LAKELAND FL 33807
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DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 01/01/1993	3a. Date of Last Report 05/01/1994		
4. FEI Number APPLIED FOR 59-3245654	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under S. 199(7)(3) Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. County 33801	25. Industry IISA	29. Zip 33801	30. Zip 33801

9. Name and Address of Current Registered Agent JARRELL, ALBERT M 1755 W. OLIVE ST. LAKELAND FL 33801	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 197, 199(1) and 199(7)(3)(B), 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 197, 199(1) and 199(7)(3)(B), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
12.1	12.2	13.1	13.2
NAME	ADDRESS	NAME	ADDRESS
Director/President JARRELL, ALBERT M 1755 W. OLIVE ST. LAKELAND FL 33801			<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director/Secretary/Treasurer Peter C. Croes 1819 Pawnee Trail Lakeland, FL 33803-2171			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statute in Sections 199(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered agent or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the block of change or on an affidavit filed with an address.

SIGNATURE: **05-17-1995** **941-686-0920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR