

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

06/18/1995 AM 7:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043743 (2)**

1. Corporation Name

INTERARMCO, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address	2. Mailing Address
4393 RIDGEWOOD AVENUE SUITES 4 & 5 PORT ORANGE FL 32127	4393 RIDGEWOOD AVENUE SUITES 4 & 5 PORT ORANGE FL 32127

3. Date Incorporated or Qualified 06/18/1993	3a. Date of Last Report 05/19/1994
4. FEI Number 59-3197238	Applied For 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
7. This corporation has liability for intangible tax under § 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GILL, ERIC V 4393 RIDGEWOOD AVENUE SUITE 5 PORT ORANGE FL 32127				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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
12.1 NAME GILL, ERIC V STREET ADDRESS 817 HIGHPOINT DRIVE CITY, ST, ZIP PORT ORANGE FL 32127	PD	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME WILDMONE, ROY L STREET ADDRESS 806 CHICAGO AVENUE CITY, ST, ZIP SOUTH DAYTONA FL 32119	TD	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME LILLY, JAMES W STREET ADDRESS 59 BEACH STREET CITY, ST, ZIP PONCE INLET FL 32127	SD	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified for the exemption stated in Section 199.002, 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. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or in an addition with 13 additions.

SIGNATURE: _____ **ERIC V. GILL, President** (904) 788-1776
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR