

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06318** (7)
1. Corporation Name
AMERICAN LEAK DETECTION, NORTHEAST FLORIDA, INC.

Principal Place of Business Mailing Address
9851 ATLANTIC BLVD. STE 127 JACKSONVILLE FL 32225 US
541 E MONROE ST JACKSONVILLE FL 32202-2808 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3061010** Applied For Not Applicable
5. Certificate of Status Desired **\$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 No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **PO Box 330518**
22 City & State 27 **ATLANTIC BEACH**
23 City & State 28 **FLORIDA**
24 Zip 25 Country 29 **32233 - 30 USA**

9. Name and Address of Current Registered Agent
**FLETCHER, DAVID R.
541 E. MONROE ST.
JACKSONVILLE FL 32202**

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 changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNULTY, J.S.
STREET ADDRESS	541 E. MONROE ST.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	D
NAME	MCNULTY, D.M.
STREET ADDRESS	541 E. MONROE ST.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	D
NAME	FLETCHER, DAVID R.
STREET ADDRESS	541 EAST MONROE STREET
CITY- ST- ZIP	JACKSONVILLE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY- ST- ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY- ST- ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY- ST- ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY- ST- ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY- ST- ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: **D. M. McNulty** **D. M. MC NULTY** 4/27/95 (904) 223-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR