

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S10634** (1)
1. Corporation Name
CONTINENTAL INTER-LOCK SYSTEMS, INC.

Principal Place of Business Mailing Address
6101 HWY 90 MILTON FL 32570 **6101 HWY 90 MILTON FL 32570**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/05/1990** 3a. Date of Last Report **06/06/1994**

2. Principal Place of Business 2a. Mailing Address
21 **5842 Commerce Road** 26 **5842 Commerce Road**
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 City & State 27 City & State
23 **Milton, FL** 28 **Milton, FL**
Zip Country Zip Country
24 **32570** 25 Country 29 **32570** 30 Country

4. FEI Number **59-3035343** 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 G. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LYNCH, TERRY M.
6101 HWY. 90
MILTON FL 32570

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5842 Commerce Road
83
84 City **Milton** FL 85 Zip Code **32570**

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 (used as printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LYNCH, TERRY M.
STREET ADDRESS	6101 HWY 90
CITY - ST - ZIP	MILTON FL
TITLE	ST
NAME	LYNCH, TERRY M
STREET ADDRESS	6101 HWY. 90
CITY - ST - ZIP	MILTON FL
TITLE	V
NAME	HENZELMAN, HERBERT H.
STREET ADDRESS	6101 HWY 90
CITY - ST - ZIP	MILTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5842 Commerce Rd
14 CITY - ST - ZIP	Milton, FL 32570
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Secretary/Treasurer
23 STREET ADDRESS	Sheila D. Singleton
24 CITY - ST - ZIP	5842 Commerce Rd
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	5842 Commerce Rd
34 CITY - ST - ZIP	Milton, FL 32570
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(4), 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 its 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 all attachments with an address

SIGNATURE: Terry Lynch **Terry M. Lynch** 4/28/95 904-626-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (System Form 8)