

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara B. Murphy
Secretary of State
Division of Corporations

APPROVED
AND
FILED

MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38319 (2)

1. Corporation Name:

BOILER SERVICES AND REFACTORY, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: 1944 CHESTER RIVER RD
YULEE FL 32097
Mailing Address: P. O. BOX 1101
YULEE FL 32097
US

3. Date of Incorporation or Qualification: 05/21/1992
3a. Date of Last Report: 01/26/1994
4. FIC Number: 59-3133961
Agreed For: Not Applicable
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation is currently in compliance with the provisions of Florida Statutes: ☒ Yes ☐ No

2. Principal Office of Registered Agent: 21. 2228 Chester River Rd
State: Apt. #. 22. Yulee, FL
City & State: 23. Yulee, FL
24. 32097 25. USA 26. PO Box 1101
City & State: 27. Yulee, FL
28. 32097 29. USA 30. USA

9. Name and Address of Current Registered Agent

BARBER, VERNON LLOYD, JR.
1944 CHESTER RIVER RD.
YULEE FL 32097

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. FL

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by this report, and that the same is true and correct to the best of my knowledge and belief.

Signature

12. Name and Address of Registered Agent	13. Additional Names of Officers and Directors (If Any)
NAME: BARBER, VERNON LLOYD, JR. ADDRESS: 1944 CHESTER RIVER RD. CITY: YULEE STATE: FL ZIP: 32097	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
NAME: ADDRESS: CITY: STATE: ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief, and that my signature shall be a true and correct statement of the facts and circumstances appearing in Block 12 of Block 13 of this report, and that my signature shall be a true and correct statement of the facts and circumstances appearing in Block 12 of Block 13 of this report, and that my signature shall be a true and correct statement of the facts and circumstances appearing in Block 12 of Block 13 of this report.

SIGNATURE:

V. L. Barber Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/3/95 904-261-9873