

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:33

DOCUMENT # **V57848** (6)

1. Corporation Name  
**MATERIAL EXCHANGE CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
5355 GROVER CLEVELAND BLVD 5355 GROVER CLEVELAND BLVD  
HOMOSASSA SPRINGS FL 34446 HOMOSASSA SPRINGS FL 34446  
US US

3. Date Incorporated or Qualified 3a. Date of Last Report  
**08/17/1992** **02/07/1994**

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number Applied For  
**59-3142308** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
23 28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JOHNSTON, GARY L  
4207 S PURSLANE DR  
HOMOSASSA FL 34448**

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 (hand or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>JOHNSTON, GARY L</b>
STREET ADDRESS	<b>4207 PURSLANE DR</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>STD</b>
NAME	<b>ROOKS, MICHAEL D</b>
STREET ADDRESS	<b>1637 SE PARADISE CIR E</b>
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<b>VD</b>
NAME	<b>JOHNSTON, SHAWN A</b>
STREET ADDRESS	<b>5792 S ROVAN PT</b>
CITY - ST - ZIP	<b>LECANTO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
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 119.07(3)(b), 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 for myself, or on an instrument with an address.

SIGNATURE: *Gary L Johnston* **Gary L. Johnaton, Pres. 3/22/95** 904/628-0075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)