

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:03

DOCUMENT # **P93000048958 (1)**

1. Corporation Name:

ATLANTIC PUMP & EQUIPMENT COMPANY OF WEST PALM B EACH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

4389 WEST RD DR
WEST PALM BCH FL 33407
US

Mailing Address:

8274 NORTHWEST 14TH STREET
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1993**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Mailing:

21

2a. Mailing Address:

26 **3055 NW 84th Ave**

4. FEI Number:
65-0420596

Applied For
Not Applicable

22 Suite, Apt # etc.

27 Suite, Apt # etc.

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

23 City & State

28 City & State

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

24

25 Country

29 Zip

30 Country

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

24

25

29 **33122**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLIS, JOHN P III
8274 NORTHWEST 14TH STREET
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11812 S.W. 37th Terrace

83

84 City **MIAMI**

85 FL

86 Zip Code **33175**

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 of Registered Agent or person authorized to execute this statement)

(Signature of Registered Agent or person authorized to execute this statement)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a NAME: **D WALLIS, JOHN P JR.**
12b STREET ADDRESS: **8274 NORTHWEST 14TH STREET**
12c CITY: **MIAMI FL 33126**

13a 12a NAME: **Change** **Addition**
13b 12b STREET ADDRESS: **11812 S.W. 37th Terrace**
13c 12c CITY: **MIAMI, FL 33175**

12a NAME: **D WALLIS, JUANITA P**
12b STREET ADDRESS: **8274 NORTHWEST 14TH STREET**
12c CITY: **MIAMI FL**

13a 12a NAME: **Change** **Addition**
13b 12b STREET ADDRESS: **11812 S.W. 37th Terrace**
13c 12c CITY: **MIAMI, FL 33175**

12a NAME: **D WALLIS, JOHN P III**
12b STREET ADDRESS: **8274 NORTHWEST 14TH STREET**
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12a NAME: **Change** **Addition**

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12a NAME: **Change** **Addition**

13a 12a NAME: **Change** **Addition**

12a NAME: **Change** **Addition**

13a 12a NAME: **Change** **Addition**

14. I, the undersigned, certify that the information supplied with this filing is a complete, true and correct statement of the corporation, and that the corporation is duly qualified to do business in the State of Florida. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same kept open for as long as the same shall be required to be kept open by the provisions of the laws of the State of Florida. I am a resident of the State of Florida and I am qualified to execute this report as required by Chapter 445, Florida Statutes, and that my name appears as such in the block of change or additions to the report as required by Chapter 445, Florida Statutes.

SIGNATURE: *John P. Wallis Jr* **JOHN P. WALLIS JR**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

APRIL 20, 1995 (505) 5917-8300