

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V51848 (2)**

1. Corporation Name  
**ATLANTIC PUMP & EQUIPMENT COMPANY OF MIAMI, INC.**



Principal Place of Business: **3055 NW 84TH AVE MIAMI FL 33122 US**  
Mailing Address: **3055 NW 84TH AVE MIAMI FL 33122 US**

3. Date Incorporated or Qualified: **07/17/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0350346**  
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: **21**  
2a. Mailing Address: **26 20 N. Orange Ave**  
Suite, Apt. #, etc.: **27 Suite 200**  
City & State: **28 Orlando, FL**  
Zip: **29 32801** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**WALLIS, JOHN P., III  
11812 SW 37TH TERR  
MIAMI FL 33175**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and principal place of business: \_\_\_\_\_ Registered Agent signature required when registering: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLIS III, JOHN P.	
STREET ADDRESS	11812 W 37TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WALLIS, JUANITA P.	
STREET ADDRESS	11812 SW 37TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WALLIS JR JOHN P	
STREET ADDRESS	11812 SW 37TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33175	
2.1 TITLE	v/d	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	A. Stewart Hall, JR	
2.3 STREET ADDRESS	20 N Orange Ave, Suite 200	
2.4 CITY-ST-ZIP	Orlando, FL 32801	
3.1 TITLE	DIS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. Stephen Zepf	
3.3 STREET ADDRESS	20 N Orange Ave, Suite 200	
3.4 CITY-ST-ZIP	Orlando, FL 32801	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David H. Hughes	
4.3 STREET ADDRESS	20 N Orange Ave, Suite 200	
4.4 CITY-ST-ZIP	Orlando, FL 32801	
5.1 TITLE	AS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jay Clark	
5.3 STREET ADDRESS	20 N Orange Ave, Suite 200	
5.4 CITY-ST-ZIP	Orlando, FL 32801	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT N. BLACKFORD	
6.3 STREET ADDRESS	TWO SOUTH ORANGE AVE	
6.4 CITY-ST-ZIP	ORLANDO, FL 32801	

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)(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 changes, or on an attachment with an address.

SIGNATURE: *Robert N. Blackford* ROBERT N. BLACKFORD 4/29/96 (407) 841-4755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dated/Printed Name #

CR2E034 (12/95)