FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:36
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **417135** **(1)**

1. Corporation Name
TORQUE-QUIP CORP

Principal Place of Business	Mailing Address
216 S. 12TH ST. TAMPA FL 33602-4210	216 S. 12TH ST. TAMPA FL 33602-4210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/18/1973**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business: 21 **8415 E. ADAMO STREET**
22 Suite, Apt. #, etc.:
23 City & State: **TAMPA FLORIDA**
24 Zip: **33619** 25 Country: **HILLS.**

2a. Mailing Address: 26 **PO BOX 1193**
27 Suite, Apt. #, etc.:
28 City & State: **TAMPA FLORIDA**
29 Zip: **33601** 30 Country: **HILLS.**

4. FEI Number: **59-1445530** ☐ 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

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

9. Name and Address of Current Registered Agent

MCGINTY, LEONARD L. JR.
ROUTE 2, BOX 878
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name: LARRY BURGROFF
82 Street Address (P.O. Box Number is Not Acceptable): 11109 STAFFORD LN
83
84 City: TAMPA FL 85 Zip Code: 33619

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: L A Burgroff V.P. DATE: 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCGINTY, LEONARD L JR	12 NAME	
STREET ADDRESS	878 MAIN STREET	13 STREET ADDRESS	
CITY ST ZIP	THONOTOSASSA, FL 00000	14 CITY ST ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	SUMMERALL, BRIAN D	22 NAME	BURGROFF, LARRY
STREET ADDRESS	10802 BLOOMINGDALE AVE	23 STREET ADDRESS	11109 STAFFORD LN
CITY ST ZIP	RIVERVIEW FL	24 CITY ST ZIP	TAMPA FL 33619
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MCGINTY, LENA M	32 NAME	700001494407
STREET ADDRESS	878 MAIN STREET	33 STREET ADDRESS	-05/19/95--01032--013
CITY ST ZIP	THONOTOSASSA, FL 00000	34 CITY ST ZIP	****400.00 ****200.00
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCGINTY, LENA M	42 NAME	
STREET ADDRESS	878 MAIN STREET	43 STREET ADDRESS	
CITY ST ZIP	THONOTOSASSA, FL 00000	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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 changed, or on an attachment with an address.

SIGNATURE: L A Burgroff LARRY A. BURGROFF 4/24/95 813-621-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR