

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 417135 (1)

1. Corporation Name
TORQUE-QUIP CORP

Principal Place of Business

8415 E. ADAMO ST.
TAMPA FL 33619

Mailing Address

P.O. BOX 1193
TAMPA FL 33601-1193

3. Date Incorporated or Qualified
01/18/1973

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 8415 E. ADAMO DRIVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA FLORIDA

Zip

24 33619

Country

25 HILLS.

2a. Mailing Address

26 PO BOX 1193

Suite, Apt. #, etc.

27

City & State

28 TAMPA FLORIDA 33601

Zip

29 33601

Country

30 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BURGOFF, LARRY
11109 STAFFORD LANE
TAMPA FL 33619

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCGINTY, LEONARD L JR

STREET ADDRESS 878 MAIN STREET

CITY-ST-ZIP THONOTOSASSA, FL 00000

TITLE V ☐ DELETE

NAME BURGOFF, LARRY

STREET ADDRESS 11109 STAFFORD LANE

CITY-ST-ZIP TAMPA FL 33618

TITLE ST ☐ DELETE

NAME MCGINTY, LENA M

STREET ADDRESS 878 MAIN STREET

CITY-ST-ZIP THONOTOSASSA, FL 00000

TITLE D ☐ DELETE

NAME MCGINTY, LENA M

STREET ADDRESS 878 MAIN STREET

CITY-ST-ZIP THONOTOSASSA, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)