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CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 450170

1. Corporation Name

(6)

NOSUN ENGINEERING SALES, INC.

Principal Place of Business

| HABBAN BIBBN AFA | I 8010 1898 1888 8314 | UFBFI DIDIL DIDI | |
|------------------|-----------------------------|------------------|--|

| | | Mailing Address | | | | |
|--|--|---|--|--|-------------------------------|--|
| P O BOX 534 LAKELAND FI | | 340 WEST BRANNEN P O BOX 5347 LAKELAND FL 33813 | RD. | | | |
| | | | | Date Incorporated of 04/10/1974 | | of Last Report 1/25/1995 |
| | lace of Business | 2a, Mailing Address | | 4. FEI Number | | Applied For |
| 21 | | 26 | | 59-1536807 | | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status | Desired | \$8.75 Additional Fee Required |
| Oity & State | e | Crty & State | | 6. Election Campaign Trust Fund Contribu | · 🗀 | \$5.00 May Be Added to Fees |
| Zip | Country 25 | Zip 29 | Country 30 | This corporation has Florida Statutes | s liability for intangible ta | |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Addres | | Agent |
| | | | 81, N | me | | |
| | 'r, w. ray Jth tenn. ave | | 82 S | eet Address (P.O. Box Number is N | ot Acceptable) | - |
| LAKELAN | | | 83 | | | |
| | | | | | | |
| | | | 84 C | | FL | 85 Zip Code |
| or register | to the provisions of Sections 607.05 red agent, or both, in the State of Flo th, and accept the obligations of, Se | mua. Such Change was aumor | ized by the corporat | d corporation submits this statemen on's board of directors. I hereby acc | | nging its registered offic registered agent. I am |
| CICALATI IDE | m, and accept the obligations of, 59 | ction 607.0505, Florida Statute |)\$. | | | |
| | Signature, typed or printed name of registered ag- | | OTE Registered Agent sign | ure required when rematating) | DATE | |
| 2. | OFFICERS A | ND DIRECTORS | 13. | ADDITIONS/CHANG | ES TO OFFICERS AND | DIRECTORS IN 12 |
| TTLE | TAYLOR, DOUGLAS C | DELETE | 1 1 THILE | | | Change Addition |
| IAME | 12502 WEXFORD HILLS RD | | 1.2 NAME | | | |
| STREET ADDRESS | | | | | | |
| | | | 1.3 STREET ADD | SS | | |
| DTY-ST-7IP | RIVERVIEW, FL 00000 | | 1.4 CITY - S1 - ZIF | SSS | | |
| DTY-S!-ZIP ITLE | RIVERVIEW, FL 00000 | ☐ DELETE | 1.4 CITY-ST-ZIF 2. 1 TITLE | 285 | | Change Addition |
| DITY-ST-ZIP TITLE NAME | RIVERVIEW, FL 00000 T NOSUN, MARY ANN | | 2.1 TITLE 2.1 TITLE 2.2 NAME | | C | Change Addition |
| DIY-ST-ZIP ITLE VAME STREET ADDRESS | RIVERVIEW, FL 00000 T NOSUN, MARY ANN 5175 TERRY LANE | | 1.4 CITY - S1 - ZIF 2. 1 TITLE 2.2 NAME 2.3 STREET ADDI | | C. | Change Addition |
| DITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP | RIVERVIEW, FL 00000 T NOSUN, MARY ANN | ☐ DELETE | 1.4 CITY - ST - 21F 2. 1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY - ST - 21F | | | |
| OTY-ST-ZIP WILE NAME STREET ADDRESS OTY-ST-ZIP | RIVERVIEW, FL 00000 T NOSUN, MARY ANN 5175 TERRY LANE LAKELAND, FL 00000 | | 1.4 CITY - S1 - 2H 2. 1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY - S1 - 2H 3.1 TITLE | | | Change Addition |
| DITY-ST-ZIP TITLE VAME STREET ADDRESS DITY-ST-ZIP TITLE | RIVERVIEW, FL 00000 T NOSUN, MARY ANN 5175 TERRY LANE LAKELAND, FL 00000 D NOSUN, ROBERT D | ☐ DELETE | 1.4 CITY - ST - 2H 2. 1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY - ST - 2H 3.2 NAME | SS | | |
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| DIY-ST-ZIP ITLE AAME STREET ADDRESS MIY-ST-ZIP ITLE MAME MAME MARET ADDRESS OTY-ST-ZIP ITLE | RIVERVIEW, FL 00000 T NOSUN, MARY ANN 5175 TERRY LANE LAKELAND, FL 00000 D NOSUN, ROBERT D 5175 TERRY LANE LAKELAND, FL 00000 | ☐ DELETE | 1.4 CITY - ST - 2IF 2. 1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY - ST - 2IF 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY - ST - ZIF 4.1 TITLE | SS | C | |
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cath; that I am an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: __

May an Topacer
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/11/94 941-646-9663