

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
1000 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20540

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 580636

(9)

95 MAY -1 PM 1:58

TOTAL AIR PRODUCTS, INC.

Principal Place of Business

Mailing Address

553 N.W. 65TH COURT
FT. LAUDERDALE FL 33309

553 N.W. 65TH COURT
FT. LAUDERDALE FL 33309

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or organized 07/28/1978 3a. Date of Last Report 04/22/1994

4. FEI Number 59-1848552 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. 198.037 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSTROM, ANN D
1301 N. RIVERDALE DRIVE
UNIT 2
POMPAÑO BEACH FL 33062

B1 Name Ann D Lindstrom

B2 Street Address (P.O. Box Number is Not Acceptable) 1301 N. Riverside Dr.

B3 Unit # 11

B4 City Pompano Beach FL B5 33062

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 Sections 607.05(2), Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent or the corporation)

(Signature of registered agent or registered agent accepting appointment)

(Initials)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

1. TITLE PD
NAME LINDSTROM, ANN D
STREET ADDRESS 1301 N. RIVERDALE DRIVE
CITY, STATE, ZIP POMPAÑO BEACH FL
2. TITLE STD
NAME MORTON, LORI
STREET ADDRESS 3530 N. W. 95TH TERRACE
CITY, STATE, ZIP SUNRISE, FL 33351
3. TITLE VD
NAME SHORE, VICKI A
STREET ADDRESS 12025 NW 9TH PLACE
CITY, STATE, ZIP CORAL SPRINGS FL
4. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

1. TITLE PD
NAME Ann D Lindstrom
STREET ADDRESS 1301 N. Riverside Dr. Unit # 11
CITY, STATE, ZIP Pompano Beach, FL ☒ Change ☐ Addition
2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP ☐ Change ☐ Addition
3. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP ☐ Change ☐ Addition
4. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP ☐ Change ☐ Addition
5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP ☐ Change ☐ Addition
6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature authenticates the same as required by Chapter 190, Florida Statutes, and that my name appears on Block 1, on Block 1b (if changed), on our registration with my address.

SIGNATURE:

Ann D. Lindstrom
ANN D. LINDSTROM
President

Ann D. Lindstrom
President

1-305-
May 10, 1995 771-5500