

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

STATE OF FLORIDA

1995



DOCUMENT # 615182

(3)

1. Corporation Name

CAMEO ANTIQUES, INC.

Principal Place of Business

48 E ROYAL PALM RD
BOCA RATON FL 33432

Mailing Address

48 E ROYAL PALM RD
BOCA RATON FL 33432

APPROVED
AND
FILED

95 MAY -1 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1979 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1893701 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 ss. 192.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. Date of Report 26. Date of Report

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

LUSTICK, MICHAEL M
616 E ATLANTIC AVE
DELRAY BCH. FL 33432

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 607.01 and 607.02, 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 standards of the Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer of the Corporation

Signature of Registered Agent or Director or Officer of the Corporation

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PS
2. NAME ROBINSON, CHARLOTTE
3. STREET ADDRESS 360 ALEXANDER PALM RD
4. CITY, ST, ZIP BOCA RATON FL
5. TITLE VT
6. NAME ROBINSON, MORRIS
7. STREET ADDRESS 360 ALEXANDER PALM RD
8. CITY, ST, ZIP BOCA RATON FL
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
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29. TITLE
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31. STREET ADDRESS
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34. NAME
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38. NAME
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41. TITLE
42. NAME
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46. NAME
47. STREET ADDRESS
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49. TITLE
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81. TITLE
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
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95. TITLE
96. NAME
97. STREET ADDRESS
98. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with the filing is accurately furnished and does not qualify for this exemption stated in Section 192.032, Florida Statutes. Further, I certify that the information submitted on this annual report or biennial 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 officer or director designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris Robinson, Vice Pres. 4/27/95 407-368-9180

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

ANNUAL REPORT

1995



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 617747

(1)

1. Corporation Name:

UNDERILL MANAGEMENT COMPANY, INC.

Principal Place of Business:

490 N. HARBOR CITY BLVD
P.O. BOX 1796
MELBOURNE FL 32902

Mailing Address:

490 N. HARBOR CITY BLVD.
P.O. BOX 1796
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business:

21

2b. Mailing Address:

26

4. FEI Number

59-2350850

Applied For

Not Applicable

State Apt. # etc.

22

State Apt. # etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under the Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNDERILL, H J III
490 N HARBOR CITY BLVD
MELBOURNE FL 32935

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 607.0602 and 607.1504, 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 607.0602, Florida Statutes.

SIGNATURE

Name of the Registered Agent (Typed or Printed Name)

Name of the Registered Agent (Typed or Printed Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14

NAME

STREET ADDRESS

CITY, STATE, ZIP

PSD
UNDERILL, H. J., III
490 N. HARBOR CITY BLVD.
MELBOURNE FL

15

NAME

STREET ADDRESS

CITY, STATE, ZIP

16

NAME

STREET ADDRESS

CITY, STATE, ZIP

17

NAME

STREET ADDRESS

CITY, STATE, ZIP

18

NAME

STREET ADDRESS

CITY, STATE, ZIP

19

NAME

STREET ADDRESS

CITY, STATE, ZIP

20

NAME

STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

25

NAME

STREET ADDRESS

CITY, STATE, ZIP

26

NAME

STREET ADDRESS

CITY, STATE, ZIP

27

NAME

STREET ADDRESS

CITY, STATE, ZIP

SIGNATURE: H. J. Underill III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

407/242-2224

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

ANNUAL REPORT

1995



OFFICE OF THE SECRETARY OF STATE

AS OF 10/10/1995

Secretary of State

OFFICE OF THE SECRETARY OF STATE

DOCUMENT # 621688

(1)

1. Corporation Name

KHAN ENTERPRISES, OF TAMPA INC.

Principal Place of Business

2010 ALDERWAY DRIVE
BRANDON FL 33510

Mailing Address

2010 ALDERWAY DRIVE
BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

05/15/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

City

State

2b. Mailing Address

26

State Apt # etc

27

City & State

28

City

State

4. FET Number

59-2049369

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

GRANT, JOHN A., ESQ.
1411 NORTH WEST SHORE BLVD.
SUITE 100
TAMPA FL

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 the Corporation)

(If 11. Registered Agent signature required after submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KHAN, MASOOD K.
STREET ADDRESS	2010 ALDERWAY
CITY, ST, ZIP	BRANDON FL
TITLE	DST
NAME	KHAN, NANCY C.
STREET ADDRESS	2010 ALDERWAY
CITY, ST, ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown not guilty for the exemption stated in Section 119.03(3)(b), 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. 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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(813)

972-3533

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

FLORIDA
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
Sandra B. Harbarugh
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 625821

(4)

1. Corporation Name

WILSON PUMPS, INC.

Principal Place of Business

NORTH HWY 17
P.O. BOX 185
WAUCHULA FL 33873

Mailing Address

NORTH HWY 17
P.O. BOX 185
WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Filing Date (Month/Day/Year)

06/13/1979

3a. Date of Last Report

05/13/1994

4. FFI Number

59-1912704

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. 198.032,

Florida Statutes.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WILSON, WANDA
220 W. STRICKLAND
WAUCHULA FL 33873

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

SIGNATURE

(Signature of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

DATE

12. OFFICERS AND DIRECTORS

12a. PRESIDENT	P
NAME	WILSON, RONNIE
STREET ADDRESS	717 SEMINOLE
CITY/STATE/ZIP	WAUCHULA FL 33873
12b. VICE PRESIDENT	V
NAME	WILSON, WANDA
STREET ADDRESS	220 STRICKLAND
CITY/STATE/ZIP	WAUCHULA, FL 00000
12c. SECRETARY	ST
NAME	HARBARUGH, SANDRA
STREET ADDRESS	STERNER RD BOX 1511
CITY/STATE/ZIP	WAUCHULA, FL 00000
12d. TREASURER	
NAME	
STREET ADDRESS	
CITY/STATE/ZIP	
12e. ADDITIONAL OFFICERS/DIRECTORS	
NAME	
STREET ADDRESS	
CITY/STATE/ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. ADDITION	☐ Change ☐ Addition
13b. DELETION	☐ Change ☐ Addition
13c. CHANGE	☐ Change ☐ Addition
13d. ADDITION	☐ Change ☐ Addition
13e. DELETION	☐ Change ☐ Addition
13f. CHANGE	☐ Change ☐ Addition
13g. ADDITION	☐ Change ☐ Addition
13h. DELETION	☐ Change ☐ Addition
13i. CHANGE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197.03(1)(b), Florida Statutes. I further certify that the information is located in the annual report or supplemental annual report as true and accurate and that my separate shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the name or function is intended to be made into this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or 13 of this filing if changed, or on an attachment with an address.

SIGNATURE:

(Signature of Registered Agent or Secretary of Corporation)

SANDRA HARBARUGH

4-27-95 513 7739469