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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 691713

FLOWMATIC SYSTEMS, INC.

| r micipai r iac | d Of Dusiness | Mailing Address | | | | | | | |
|---|---|--|---|---|------------------------------|---|-----------------|-------------------------------------|--|
| 11611 SW 147TH CT DUNNELLON FL 34432 | | P O BOX 1139 Dunnellon Fl 34430 | | | | | | | |
| US | | US | | | | DO NOT | WRITE IN THI | S SPACE | |
| Ì | | | | | 3. | Date Incorporated or Qua | lifed | | |
| | | | | | | 06/24/1981 | | | |
| 2. Principal P | lace of Business | 2a. Mailina Address | | | | FEI Number | | Ι Δ | pplied For |
| | | | | | | | | | |
| 26 | | dilindi | | _ | <u>59-2142085</u> | | | ot Applicable | |
| Suite, Apt. #, etc. | | | • | 5. | Certificate of Status Desire | ed 🗆 | | Additional | |
| 22 27 | | | | | | | Fee R | equired | |
| City & State | | City & State | | | 6. | Election Campaign Finan | cing | \$5.00 | May Be |
| 28 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| | | Zip | /Country | , | 8 | This corporation owes the | current vear li | ntangible * | |
| 24 29 | | | | | Personal Property Tax. | , | Yes | □No | |
| 9. Name and Address of Current Registered Agent | | *** | | | Name and Address of N | low Pagistere | | | |
| | y show a high | it itogratored Agent | 81 | Name | 10. | Maine and Address Of it | iew itegisteret | a Agent | |
| POA | NE, DOUGLAS K | | " | Name | | | | | |
| DOC | DOINGIANA LAI | | 82 | Street Add | iress (P. | O. Box Number is Not Ac | ceptable) | | |
| | POINCIANA LN. | | | 00017.104 | | | | | 517 - 6145 - 13-1 |
| LARG | GO FL 33770 | | 83 | | | 77.00 | 1 18 1 2 1 | 1.4 1. 1. 5.51 | 12 (3.41 (56) |
| | | | | | | | | | |
| | | | 84 | City | | | | 85 Zip | Code |
| 46.044.00 | rs | 4 | | | | ** , ** | FI | | 11 July 200 |
| 11. Pursuant | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida Statutes | the above | e-named corp | poration | submits this statement fo | r the purpose o | of changing its | registered . |
| agent. La | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was autorised tions of Section 607,0505. Florida | norized by Ia Statutes | tne corporati | ion's boa | ard of directors: I nereby a | accept the appo | omiment as re | egisterea |
| | | | | | | | | | |
| | | | | | | | | | |
| | | nt and title if applicable (NOTE: F | tanistered Aner | | ed when roi | sinctation) | DATE | | |
| 0,0,0,0 | Signature, typed or printed name of registered agei | | | | | einstating) | DATE | ND DIDECT | DDS IN 12 |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | | 13. 1.1 TITLE | | | | | ND DIRECTO | DRS IN 12 |
| 12. | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | ID DIRECTORS | 13. 1.1 TITLE | st signature require | | ADDITIONS/CHANGES TO | | | |
| 12. TITLE NAME | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | of signature require | | ADDITIONS/CHANGES TO | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S | of signature require | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE | of signature require | | ADDITIONS/CHANGES TO | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME | at signature require | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE | at signature require | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME | at signature require I ADDRESS I ADDRESS | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET | at signature require I ADDRESS I ADDRESS | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE | at signature require I ADDRESS I ADDRESS | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME | rt signature require f ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET | r ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S | r ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | ADDITIONS/CHANGES TO | | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET | r ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change | ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S | r ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change | Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.1 TITLE 5.2 NAME | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT DUNNELLON FL 34434 | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered age: OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.1 TITLE 5.2 NAME | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT DUNNELLON FL 34434 | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change | Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT DUNNELLON FL 34434 | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE | T ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN PS BRANE, DOUGLAS K 205 POINCIANA LN. LARGO FL VP SCOTT BRANE 11553 N HUME PT DUNNELLON FL 34434 | D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | ADDITIONS/CHANGES TO | O OFFICERS A | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

352-465-2000

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90011 040 ***150.00