**FILED** 

Feb 25, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 832914						
1. Corporation Name  AMERICAN AIR FILTER COMPANY, INC.						
	AMENIO	AN ANT FILTER COMMAND	1140-			L FRANKE STEAR FRINK FILER HEIRS HERS HEIRS BYTE BYTEN BEGIN BERKE BYRK BERKE BYRK BERKE BERKE
Рг	Principal Place of Business Mailing Address					4 (DE10) (\$130 Hitle HELS (BIRK HISH AIRN AIRN AIRN AIRN AIRN AIRN AIRN AIRN
215	CENTRAL A	AVE.	215 CENTRAL AVE.			
l .	O. BOX 3569		P. O. BOX 35690			DO NOT WRITE IN THIS SPACE
נט	UISVILLE KY	40232	LOUISVILLE KY 40232			3. Date Incorporated or Qualifed
\ 						08/21/1974
2.	Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26			26			61-0117860 Not Applicable
	Suite, Apt.	suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27 City & City				
_	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23	Zip	Country	Country Zip Country			This corporation owes the current year Intangible
24	Zip	25	29 3	_ ´		Personal Property Tax.
2-		9. Name and Address of Currer				10. Name and Address of New Registered Agent
				81	Name	ne
i	CT CORPORATION SYSTEM				Street	et Address (P.O. Box Number is Not Acceptable)
		S. PINE ISLAND ROAD				
	PLAI	NTATION FL 33324		83		
				84	City	Fi 85 Zip Code
L.,	,		DO I COT 1500 Florido Ctotuto	the chair		ad corporation submits this statement for the number of changing its registered
13	office or re	egistered agent, or both, in the State	of Florida. Such change was autf	nonzea by	tne corp	propration's board of directors. I hereby accept the appointment as registered
	agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes		
SI	GNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Ager	nt signature	ure required when reinstating) DATE
12	2.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	LE	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NA	ME	HUNTER, JOSEPH B		1.2 NAME		
ST	REET ADDRESS	512 SHADY DELL RD		1.3 STREE	T ADDRESS	SS
-	Y-ST-ZIP	YORK PE		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TIT		VPCF		2.1 TITLE		
NA		CHRISTOPHER, MICHAEL J 1730 CROWS NEST LANE		2.2 NAME 2.3 STREE	T 4000E00	
	REET ADDRESS	YORK PE		2.4 CITY-5		.55
CIT III	Y-ST-ZIP	AS	- DELETE	2.4 CITT-3		VICE PRESIDENT PChange - Addition
NA		REINHOLD, DENNIS J.		3.2 NAME		GERALO L BOEHRE
ì	REET ADDRESS	5209 HEMPSTEAD		3.3 STREE	T ADDRESS	SS 1909 GOLDEN LEAF WAY
	Y-ST-ZIP	LOUISVILLE KY		3.4. CITY-5		LOUISVILLE KENTUCKY 40245
TIT			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NA	ME	*		4. 2 NAME		
STI	REET ADDRESS			4.3 STREE	TADDRESS	SS
CIT	Y-ST-ZIP			4.4 CITY-S	T-ZIP	
TIT	LE		☐ DELETE	5.1 T/TLE		☐ Change ☐ Addition
NA	ME			5.2 NAME	T +0000000	
1	REET ADDRESS				TADDRESS	.ss   
	Y-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-217	☐ Change ☐ Addition
TIT				62 NAME		
NA T2	ME DEET ADDRESS			Į.	T ADDRESS	388

CITY-ST-ZIP 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:

STREET ADDRESS