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

PROFIT
CORPORATION
ANNUAL REPORT



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

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851620 **DOCUMENT #**

(5)

PETRO-CHEM EQUIPMENT CO.

Principal Place of Business	Mailing Address	(1#4(4) 1#15/ Bibs 119/6 4/10/	. 4511 4:411 6:411 61611 41611 41611 41611 1401
8302 LAUREL FAIR CIRCLE STE 130 TAMPA FL 33610 US	1412 E 11 MILE ROYAL OAK MI 48067-026 US		
		3. Date Incorporated or Qualified 01/16/1982	3a. Date of Last Report 05/01/1995
Displace of Change	2n Mailing Address	4 EE: Number	Applied For

STE 130 TAMPA FL 33 US	9610	US US WI 48067	1420		3. Date Incorporated or Qualified 01/16/1982	3a. Date of Last Report 05/01/1995
2. Principal Plac		2a. Mailing Address			4. FEI Number	Applied For
21 1715 St	tickney Point Road	26		. ,	38-1848633	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Sarasot	ta, FL.	28			Trust Fund Contribution	Added to Fees
Zıp	Country	Zφ	Cou	intry	8. This corporation has liability for i	
24 34231	25 Sarasota	29	30		Florida Statutes X Yes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
				81 Name		
SCHURF	r, donald k			B2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	ELLA DR			-		
	OTA FL 33581			83		
				84 City		85 Zip Code
				64 City		FL S Zp Code
or registere familiar with	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida in, and accept the obligations of, Section	r Such charige was authorize	ed by the	ove-named corpor corporation's boar	ation submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agont or	rothe happlicable (NO	TE Roj Jere	1 Agent signature regions		DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
T·TLE	VD	☐ DELETE	1.1	TITLE		Change Addition
NAME	SCHURR, DONALD K, JR.		121	AME		
STREET ADDRESS	159230 WYNDOVER		135	TREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		140	TY ST-Z-P		
TOTUE	PD	□ DELETE	2 1	IITLE		☐ Change ☐ Addition
NAME	SCHURR, DONALD K		221	3MAI		
STREET ADDRESS	1600 STELLA DRIVE		233	TREET ADDRESS		
CITY-ST-7IP	SARASOTA, FL 00000		240	CHTY - ST - ZIP		
TITLE	VP	☐ DELETE	3 1	DIVE		Change Addition
NAME	SCHURR, SANDRA L		321	IAME		
STREET ADDRESS	1600 STELLA DRIVE		3.5	STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 00000		340	CITY - ST - ZIF		

DELETE Add:tion 4 1 HILE TITLE PIKE, FRED C 4.2 NAME NAME 1412 E 11TH MILE ROAD STREET ADDRESS 4.3 STREET ADDRESS ROYAL OAK MI 4 4 C+TY - ST - ZIF CITY-ST ZIP DELETE Change Addition 5 1 T TLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 7(2) CITY - ST - ZIP []] DELETE Change Addition TITLE 6 1 DILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-ST ZIP CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

TABLE MAN FRED C. FIKE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 8/05481122

CR2E034 (12/95)