

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F15311
1. Corporation Name

EVAPORATORS O.E.M., INC.

Principal Place of Business

Mailing Address

5005 W. NASSAU ST.
TAMPA, FL 33607

P.O. BOX 24685
TAMPA, FL 33623

2. Principal Place of Business

SAME AS ABOVE

2a. Mailing Address

SAME AS ABOVE

21. Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

City & State

23. Zip

Country

USA

Zip

Country

USA

24. 9. Name and Address of Current Registered Agent

TAYLOR, SHELTON
5005 W. NASSAU STREET
TAMPA, FL 33607

3. Date Incorporated or Qualified
01/19/1981

3a. Date of Last Report
06/09/95

4. FEI Number

59-1697570

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. 199.03?
Florida Statutes ☐ Yes ☐ No

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 state if applicable

(NOTE: Registered Agent's signature required when reconstituting)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

TAYLOR, SHELTON

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST

TAYLOR, BETTE DIAN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V

GOMES, SHELLI' NOBRE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

PD
TAYLOR, SHELTON
5005 W. NASSAU ST.
TAMPA, FL 33607

XX Change

☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

ST
5005 W. NASSAU ST.
TAMPA, FL 33607

XX Change

☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

V
GOMES, SHELLI' NOBRE
5005 W. NASSAU ST.
TAMPA, FL 33607

XX Change

☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change

☐ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change

☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change

☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shelli' Nobre Gomes Shelli' Nobre Gomes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-96 (813) 289-1166
Date Digitized

APPROVED
AND
FILED

96 SEP 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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