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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F15311

(6)

1. Corporation Name  
EVAPORATORS O.E.M., INC.



Principal Place of Business

5005 W. NASSAU ST.  
TAMPA FL 33607

Mailing Address

P.O. BOX 24685  
TAMPA FL 33623-4685

3. Date Incorporated or Qualified

01/19/1981

3a. Date of Last Report

09/10/1996

2. Principal Place of Business

21 4601-A Gandy Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 24685  
Suite, Apt. #, etc.

4. FEI Number

59-1697570

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

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33611

Country

25 USA

Zip

29 33623-4685

Country

30 USA

9. Name and Address of Current Registered Agent

TAYLOR, SHELTON  
5005 W. NASSAU STREET  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Tampa

FL

85 Zip Code

33611

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: *Shelton Taylor* *Shelton Taylor President* 4-1-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
TAYLOR, SHELTON  
5005 W. NASSAU ST.  
TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
TAYLOR, BETTE D  
5005 W. NASSAU ST.  
TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
GOMES, SHELLI' NOBRE  
5005 W. NASSAU ST.  
TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
[Empty]

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
[Empty]

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
[Empty]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Pres  
Shelton Taylor  
4601-A Gandy Blvd  
Tampa, FL 33611

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
ST  
Bette D. Taylor  
4601-A Gandy Blvd  
Tampa, FL 33611

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
V  
Shelli' Nobre-Gomes  
4601-A Gandy Blvd  
Tampa, FL 33611

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
[Empty]

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
[Empty]

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
[Empty]

14. I do 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 attachment with an address.

SIGNATURE: *Shelton Taylor* *Shelton Taylor* 4-1-97  
817-479-2777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)