FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F62768** **(9)**

1. Corporation Name
SOUTHEASTERN PUMP CORPORATION

Principal Place of Business	Mailing Address
1300 S.W. 12TH AVE. POMPANO BCH. FL 33069 US	P. O BOX 8362 FT. LAUDERDALE FL 33310 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1982
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 23279 WATER CIRCLE
22 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FLORIDA
24 Zip: 33310 25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-2161740 ☐ 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

9. Name and Address of Current Registered Agent

VLASTOS, JOHN
23279 WATER CIRLCE
SUITE #407
BOCA RATON FL 33486

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	VLASTOS, DOROTHY	1.2 NAME	
STREET ADDRESS	23279 WATER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	VLASTOS, JOHN	2.2 NAME	
STREET ADDRESS	23279 WATER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	VLASTOS, GERALD	3.2 NAME	
STREET ADDRESS	23279 WATER CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VLASTOS, LINDA	4.2 NAME	
STREET ADDRESS	4123 N. GLOUCESTER PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMBLEE GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	VLASTOS, ROBERT	5.2 NAME	
STREET ADDRESS	928 HAWTHORNE DRIVE	5.3 STREET ADDRESS	10450 Jupiter Narrows Drive
CITY-ST-ZIP	CRYSTAL LAKE IL	5.4 CITY-ST-ZIP	HOBE SOUND, FLORIDA 33455
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: _____ 4-28-95 407-394-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0433130 FP