

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F62768 (9)

1. Corporation Name

SOUTHEASTERN PUMP CORPORATION



Principal Place of Business

23279 WATER CIRCLE
BOCA RATON FL 33310
US

Mailing Address

P. O BOX 8382
FT. LAUDERDALE FL 33310
US

3. Date Incorporated or Qualified
01/12/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VLASTOS, JOHN
23279 WATER CIRCLE
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

(Signature of person authorized to register agent or change of registered office)

(Signature of Registered Agent or person authorized to register agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	VLASTOS, DOROTHY	
STREET ADDRESS	23279 WATER CIRCLE	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	PD	☐ DELETE
NAME	VLASTOS, JOHN	
STREET ADDRESS	23279 WATER CIRCLE	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	VLASTOS, GERALD	
STREET ADDRESS	23279 WATER CIRCLE	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	VLASTOS, LINDA	
STREET ADDRESS	4123 N. GLOUCESTER PLACE	
CITY, ST, ZIP	CHAMBLEE GA	
TITLE	D	☐ DELETE
NAME	VLASTOS, ROBERT	
STREET ADDRESS	10450 JUPITER NARROWS DRIVE	
CITY, ST, ZIP	HOBE SOUND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE	☒ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	408 WOODVIEW CIRCLE
54 CITY, ST, ZIP	PALM BEACH GARDENS, FL 33418
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 or person in power 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

[Signature]

JOHN VLASTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

407/394-6080

Date

Phone #

CR2E034 (12/95)