

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90013 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F62768**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/12/1982**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE  
NAME **VLASTOS, DOROTHY**  
STREET ADDRESS **23279 WATER CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD** ☐ DELETE  
NAME **VLASTOS, JOHN**  
STREET ADDRESS **23279 WATER CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **VLASTOS, GERALD**  
STREET ADDRESS **23279 WATER CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **VLASTOS, LINDA**  
STREET ADDRESS **413 CALEDON CT**  
CITY-ST-ZIP **GREENVILLE SC**

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

☒ Change ☐ Addition

**YOUNG, LINDA  
211 Guilderbrook Road  
Greenville, SC 29615**

TITLE **D** ☐ DELETE  
NAME **VLASTOS, ROBERT**  
STREET ADDRESS **408 WOODVIEW CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

☒ Change ☐ Addition

**4338 Butternut Street  
Palm Beach Gardens, FL 33410**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. I 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 an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy Vlastos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOROTHY VLASTOS**

**1-11-99**

**561-394-6080**

Date

Daytime Phone #

CR2E034 (11/98)