

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 # **H06968** (2)

1. Corporation Name:

WORTHINGTON AIR PRODUCTS, INC.



Principal Place of Business:

**2494 BAYSHORE BLVD.
SUITE 101
DUNEDIN FL 34698**

Mailing Address:

**2494 BAYSHORE BLVD.
SUITE 101
DUNEDIN FL 34698**

2. Principal Place of Business:

2a. Mailing Address:

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**WORTHINGTON, DONALD J.
128 CARLYLE DR
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified

06/07/1984

3a. Date of Last Report

01/24/1995

4. FEI Number

59-2446097

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

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 607.0602 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 607.0604, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be a resident of Florida)

Signature of the person filing this report (must be a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY, ST, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

14. I, the undersigned, 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 registered or business entity 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 a filing attached with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Fucile

1-19-96

813/733-5544

CR2E034 (12/95)