

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gonzalez D. Norrham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61632 (6)

1. Corporation Name

MET PRO SUPPLY, INC.

Principal Place of Business

**1550 CENTENNIAL BLVD.
BARTOW FL 33830**

Mailing Address

**1550 CENTENNIAL BLVD.
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1985

3a. Date of Last Report

04/11/1994

4. FBI Number

59-2548813

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAZEN, JAMES J.
6215 CEE LANE
LAKELAND FL 33813**

81 Name

James J. Hazen

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

83

3603 Dan Unie Lane

84 City

Lakeland,

FL

85 Zip Code

33813

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

**DPV
HAZEN, JAMES J.
6215 CEE LANE
LAKELAND FL**

1.1 TITLE

DPV

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

Hazen, James J

1.3 STREET ADDRESS

3603 Dan Unie Lane

1.4 CITY - ST - ZIP

Lakeland, Florida 33813

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

DST

2.2 NAME

Hazen, JoAnn O

2.3 STREET ADDRESS

3603 Dan Unie Lane

2.4 CITY - ST - ZIP

Lakeland, Florida 33813

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

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 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 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, as an attachment with an address.

SIGNATURE:

James J. Hazen

James J. Hazen

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type in Name #)

4/28/95

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