

**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 # H94541 (0)**

1. Corporation Name

**APPLIED OZONE TECHNOLOGIES, INC.**



Principal Place of Business

**7900 FRUITVILLE RD  
SARASOTA FL 34240**

Mailing Address

**7900 FRUITVILLE RD  
SARASOTA FL 34240**

3. Date Incorporated or Qualified  
**01/17/1986**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2627190**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHLEICHER, CARL L  
5408 WILKINSON RD  
SARASOTA FL 34235**

81

Name

**Toney H Wilson**

82

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

**295 Sinclair Drive**

83

84

City

**Sarasota**

**FL**

85

Zip Code  
**34240**

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

*Toney H Wilson*

(Name of Registered Agent signature required when transferring)

*4/18/96*

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	XX DELETE
NAME	SCHLEICHER, CARL L.	
STREET ADDRESS	5408 WILKINSON RD	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, H.H. JR.	
STREET ADDRESS	1882 BRIAR CREEK PL	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, TONEY H	
STREET ADDRESS	295 SINCLAIR DRIVE	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOXWORTHY, H.R.	
STREET ADDRESS	2180 CORNELL ST	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	XX DELETE
NAME	BERTELSON, CHRIS	
STREET ADDRESS	580 PUTTER LANE	
CITY-STATE-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPLAND, ROBERT	
STREET ADDRESS	4611 WINDSOR PK.	
CITY-STATE-ZIP	SARASOTA FL	

1.1 TITLE	CEO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert J Murphy	
1.3 STREET ADDRESS	6215 Marbella Blvd	
1.4 CITY-STATE-ZIP	Sarasota, FL 33572	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	H. Monroe Warrington	
2.3 STREET ADDRESS	5800 Clark Rd	
2.4 CITY-STATE-ZIP	Sarasota, FL 34233	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert J Murphy*

*4/18/96 (941)379-0000*

Date

Daytime Phone #

CR2E034 (12/95)