

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 # J21703 (0)

1. Corporation Name

CYCLONE PUMP AND WELDING, INC.



Principal Place of Business

2991 U.S. 27 N.
AVON PARK FL 33825

Mailing Address

2991 U.S. 27 N.
AVON PARK FL 33825

2. Principal Place of Business

21 3017 U.S. 27 N.

Suite, Apt. #, etc.

22

City & State

23 Avon Park, FL

Zip

24 33825

Country

25 Highlands

2a. Mailing Address

26 3017 U.S. 27 N.

Suite, Apt. #, etc.

27

City & State

28 Avon Park, FL

Zip

29 33825

Country

30 Highlands

9. Name and Address of Current Registered Agent

NEWBERRY, ALBERT B.
RT 2 BOX 626-A
AVON PARK FL 33825

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/27/1986

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2685848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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 on this application

(Print) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME NEWBERRY, MARJORIE B.

STREET ADDRESS RT 2 BOX 626A

CITY-ST-ZIP AVON PARK FL

TITLE PTD ☐ DELETE

NAME NEWBERRY, ALBERT B.

STREET ADDRESS RT 2, BOX 626A

CITY-ST-ZIP AVON PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Albert B. Newberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT B. NEWBERRY

4/2/96

941/452-5174
Dwayne Frazier

CR2E034 (12/95)