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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03271

(8)

ACTION UTILITY PRODUCTS, INC.

70 NW 68 ST	8570 NW 68 ST Mimai Fl. 33186-2665	
incipal Place of Business	Mailing Address	

FILED Feb 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 8570 NW 68 ST 8570 NW 68 ST MIMAI FL 33166-2601 MIMAI FL 33166-2665					<u>,</u>	3. Date Incorporated or Qualified 3a. Date of Last Report					
						07/20/1989		14/1996	порон		
	lace of Business	2a. Mailing Address				4. FEI Number	1	A	pplied For		
21		26				65-0136750			lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		* • · · ·	Additional Required		
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees		
Zıp	Country	Zıp	Cou	ntry		8. This corporation has liability for		tax under	s. 199.032,		
24	25	29	30					No			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered	Agent			
	KE, TIMOTHY CARL ESQUIRE			81	Name						
	WEST FLAGLER ST.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)				
	CAYNE BLDG. SUITE 206		ļ	83							
MIAI	MI FL 33130					<u></u>		Tarl 3:-			
				84	City		FL	85 Zip	Code		
SIGNATURE	Signature, typed or printed name of registored age OFFICERS AN	ent and title if applicable. (NC D DIRECTORS	DIE Registered	d Ager	rt signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	PS IN 12		
TITLE	D	DELETE	111	1LE				☐ Change	Addition		
NAME	NELSON, EDWARD F.		1.2 N/	AME							
STREET ADDRESS	12311 S.W. 98TH ST.		1.3 ST	REET.	ADDRESS						
CHY-ST-ZIP	MIAMI FL			1Y - S1	1 - ZIP			Change	Addition		
TITLE	D	☐ DELETE	2111		-			Change	LT Addition		
NAME	SMITH, WILLIAM PAUL		2.2 N/		ADDRESS						
STREET ADDRESS	2106 WEST MARION LANE DADE CITY FL		2.40			·					
CITY-ST-ZIP TITLE	D DADE CITTE	DELETE	3 1 TC					Change	Addition		
NAME	BAUR, CHARLES L.		3.2 N/	AME							
S'REET ADDRESS	2071 EAGLES EAST DRIVE		3.3 S1	REET.	ADDRESS						
CITY-ST-ZIP	APOPKA FL		3.4. C	ITY - S	T-ZIP						
TITLE		☐ DELETE	4.1 1	ILE				Change	Addition		
NAME			4. 2 N								
S*REET ADDRESS					ADDRESS						
CITY - ST - ZIP		DELETE		TY-\$1	T - ZIP			Change	Addition		
TITLE		FT DETER	5.1 T/ 5.2 N/								
NAME CTOLL LADDDECC					ADDRESS						
STREET ADDRESS CITY-ST-ZIP				IMELI TY-S1							
TITLE		DELETE	61 TI					Change	Addition		
NAME		_	6.2 N								
STREET ADDRESS			638	TREET	ADDRESS						
C-TY - ST - ZIP			6.4 CI	ITY · S	1 - ZIP						

14. I do 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 chapter 607 are attachment with an address.

1-14-97 30x - 471-0620