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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

ALL PRESSURE SYSTEMS, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				<u> </u>) 1		(B) Ridio indo
% PATRICK C	D. RAY	% PATRICK C. RA	Y						
2505-B NORTH AIRPORT ROAD FT. MYERS FL 33907			2505-B NORTH AIRPORT ROAD FT. MYERS FL 33907			DO NOT WRITE IN THIS SPACE			
FI. MIENS FI	L 33807	FI. MTENS FL 338	907			3. Date Incorporated or Qualified		17102	
						12/29/1989			
2. Principal Pi	lace of Business	2a. Mailing Addres	SS			4. FEI Number		<u>. </u>	Applied For
21		26	26			65-0159453		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, e	lc.			6. Certificate of Status Desired		\$8.75	Additional
22		27				B. Certificate of Status Desired			Required
City & State	e	City & State				Election Campaign Financing	_		O May Be
23		[28]		S		Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Z)p		Country		8. This corporation owes or has p			Intangible
24	25 p. Name and Address of Cu	29 strent Registered Agent	30	- T		Personal Property Tax due June 10. Name and Address of New Ro			∐ NO
	—— 	intellit Magistelen Wallt	······································	81	Name	10, Hame and Address of New H	gistored r	rgen.	
	Y, PATRICK C.		•		1101710				
•	DS-B N. AIRPORT RD			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
FI.	MYERS FL 33907			83					
				84	City		FL	85 Zi	p Code
44 Dignigati	to the avousions of Sections (O)	01.02 and 607 11.08 Florida	Ctatulas the	about	named corr	poration submits this statement for the		changing	ite societor
office of re	agistored agent or both, in the S	State of Florida, Such change	e was authori:	izad hu i	the corporat	tion's board of directors. I hereby acce	pt the appo	ointment a	as registered
anant ar	m familiar with, and accept the o	iblications of Section 607.05	505 Florida S	Statutoe					
agent. Far		or grand of contract of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	otatutos.					
SIGNATURE	_					ired when sointsting)	DATE		
SIGNATURE	Signature, lyped or printed name of tog stere	of age or and tille if applicable	(NOTE: Registr	tered Agen		ired when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12
SIGNATURE	Signature, lyped or printed name of tog stere	et agret und tille if applicable AND DIRECTORS	(NOTE: Registr	lered Agen		ired when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	
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