

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M17843** (7)
1. Corporation Name
BISCAYNE PUMP SALES & EQUIPMENT RENTAL, INC.



Principal Place of Business Mailing Address
406 N.W. 54 ST.
MIAMI FL 33127

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
07/10/1985 **03/23/1995**
4. FEI Number Applied For
59-2549139 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

9. Name and Address of Current Registered Agent

THRELKELD, MAJOR E.
406 N.W. 54 ST.
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
1 PD THRELKELD, MAJOR E. 406 N.W. 54 ST. MIAMI FL
2 VPD CATALDO, ROGER W. 406 N.W. 54 STREET MIAMI FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP
71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-STATE-ZIP
81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-STATE-ZIP
91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-ZIP
101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-STATE-ZIP
111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-STATE-ZIP
121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-STATE-ZIP
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141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-STATE-ZIP
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601 TITLE 602 NAME 603 STREET ADDRESS 604 CITY-STATE-ZIP
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671 TITLE 672 NAME 673 STREET ADDRESS 674 CITY-STATE-ZIP
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691 TITLE 692 NAME 693 STREET ADDRESS 694 CITY-STATE-ZIP
701 TITLE 702 NAME 703 STREET ADDRESS 704 CITY-STATE-ZIP
711 TITLE 712 NAME 713 STREET ADDRESS 714 CITY-STATE-ZIP
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761 TITLE 762 NAME 763 STREET ADDRESS 764 CITY-STATE-ZIP
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881 TITLE 882 NAME 883 STREET ADDRESS 884 CITY-STATE-ZIP
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981 TITLE 982 NAME 983 STREET ADDRESS 984 CITY-STATE-ZIP
991 TITLE 992 NAME 993 STREET ADDRESS 994 CITY-STATE-ZIP
1001 TITLE 1002 NAME 1003 STREET ADDRESS 1004 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

CR2E034 (12/95)