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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12198

(8)

MICRO-FLO CO.

SIGNATURE:

| SIZE SUPERIAL PRIVY. SUTE 130 MULBERRY FL. 33800 4889 3. Date Incorporated or Qualified 3a. Date of Last Re 11/18/1986 01/23/199 | | | | |
|---|--|--|--|--|
| MUBERRY FL 33860 MUBERRY FL 33860 6899 S. Oake Incorporated or Qualified Sa. Date of Last Interpretated or Qualified 11/18/1986 01/23/19 | MI 1881 | | | |
| 2. Principal Place of Business 2a. Melling Address 2a. Melling Address 2a. Melling Address 2a. Suite, April #, etc. 5b.1547724 National Statute, April #, etc. 5c. Certificate of Status Desired 5a.75 A. Fee Per Per Per Per Per Per Per Per Per P | | | | |
| 28 | port | | | |
| Suite Agt # old Suite Agt #, etc. 27 Suite Agt #, etc. 27 Suite Agt #, etc. 28 Suite Agt #, etc. 27 Suite Agt #, etc. 28 Suite Address of Current Registered Agent 30 Suite Address of Current Registered Agent 30 Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address of Current Registered Agent 30 Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Acceptable) Suite Address (P. D. Box Number is Not Accept | lied For | | | |
| City & State Country Zip Country Zip Country Zip Signature Signature Signature Signature Address of Current Registered Agent City & City Signature Signature Signature Signature City & City City & City & City & City City & City & City & City City & City & City & City & City City & City & City & City & City & City & City City & Cit | Applicable | | | |
| City & State City & State 28 | | | | |
| Trust Fund Contribution Added it Adde | | | | |
| 9. Name and Address of Current Registered Agent ALLEM, MICHAEL D. 5925 IMPERIAL PKWY., SUITE 130 MULBERRY PL 33880 84 City 64 City 64 City 65 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 65 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not | | | | |
| ALLEN, MICHAEL D. \$2525 IMPERIAL PKWY, SUITE 130 MULBERRY FL 33860 ***BIT Name **BIT Name ***BIT Name | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| ALLEN, MICHAEL D. \$925 IMPERIAL PKWY, SUITE 130 MULBERRY FL 33660 10 | | | | |
| SSZS IMPERIAL PKWY, SUITE 130 MULBERRY FL 33860 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | | | |
| MULBERRY FL 33880 ### City | | | | |
| Basing B | fress (P.O. Box Number is Not Acceptable) | | | |
| The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing list office or registeric a 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 a agent. I am familiar with and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature facilities with and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE 12. OF FICE RS AND DIRECTORS TITLE PD OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE SIRRELADORSS CITY-ST-7P MUBERRY FL 12. ITITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-7P 14. CITY-ST-7P MUBERRY FL 14. CITY-ST-7P 14. CITY-ST-7P DELETE 21. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-7P 14. CITY-ST-7P 15. TITLE 16. Change 17. ST-7P Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. STREET ADDRESS SIRRELADORSS CITY-ST-7P 19. DELETE 21. TITLE 10. Change | | | | |
| The provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its agent. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. Signature facility with an accept the obligations of, Section 607 0505, Florida Statutes. In the corporation's board of directors. I hereby accept the appointment as required when raneating. DATE 12. | | | | |
| 1.1 Pursuant to the provisions of Sections 607.0002 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its office or registeric againt or both in the State of Floridal Submits and accept the appointment as a agent. Lam familiar with and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE | xde : | | | |
| TITLE | gistered | | | |
| NAME FORMBY, C.E. 12 NAME STREET ADDRESS 5925 IMPERIAL PKWY ≠130 1.3 STREET ADDRESS CHY-ST-ZIP 1.4 CHY-ST-ZIP TOTLE V DELETE 2.1 TITLE NAME ALLEN, MICHAEL D. 2.2 NAME STREET ADDRESS 5925 IMPERIAL PKWY ≠130 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME GONZALEZ, GILBERT 3.2 NAME STREET ADDRESS 5925 IMPERIAL PKWY ≠130 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS | IN 12 | | | |
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| CITY-ST-ZIP 64 CITY-ST-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 it information indicated on this annual report is suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made undil I am an officer or director of the proportion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my na appears in Block 12 or Block 12 in this hand, for on an attachment with an address. | v oath that | | | |